Form 4124 Rev 06/06
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL ST NE
SALEM, OR 97301-2532
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 BUSINESS LOCATION
CASCADE GENERAL INC
5555 N CHANNEL
PORTLAND OR 97208

Categories Of Licenses

LICENSE NUMBER AG-L0001401CPO

DATE ISSUED DATE EXPIRES 01/09/2007 12/31/2007

Marine Fouling Organism

Commercial Pesticide Operator Printed: 01/10/2007

Pesticide Phone Numbers

Emergency Services Dial 911

National Poison Center 1 (800) 222-1222

Treatment information for pesticide poisoning.

OERS1(800) 452-0311

Emergency information for spills. Outside Oregon: 1 (503) 378-4124

NPIC1 (800) 858-7378

General and toxicological information on pesticides

ODA Pesticides Division1 (503) 986-4635

Information on pesticide regulations.

Worker Protection1 (800) 922-2689

Consultations on WPS or Haz Com. Outside Oregon: 1 (503) 378-3272

ODA Pesticide Website

-Get this information-

- Regulation Updates
- On-line Newsletter
- Search Registered Pesticides
- Report Pesticides Used
- Licensing Requirements
- Testing Locations
- Look Up Test Scores
- Search Recertification Classes
- Summary of Classes Attended

http://oregon.gov/ODA/PEST

License Category Reference

720 - Marine Fouling Organism

731 - Agriculture Insecticide & Fungicide

732 - Agriculture Herbicide

733 - Agriculture Soil Fumigation

734 - Agriculture Livestock Pests

735 - Agriculture Vertebrate Pests

740 - Aquatic

750 - Demonstration and Research

760 - Forest

770 - Public Health

780 - Right of Way

791 - IIHS General Pests 792 - IIHS Structural Pests

793 - IIHS Space Fumigation

794 - IIHS Moss Control

795 - IIHS Wood Treatment

801 - Orn & Turf Insecticide & Fungicide

802 - Orn & Turf Herbicide

810 - Seed Treatment

820 - Regulatory Predator

830 - Regulatory Weed

970 - Consultant Demonstration & Research

Attention: Storing in see-through wallet sleeve may damage this card.

Oregon Department of Agriculture

Commercial Pesticide Operator Lic: AG-L0001401CPO Expires: 12/31/2007

Name: CASCADE GENERAL INC Address: PO BOX 4367

PORTLAND OR 97208

Categories: 720

Carry this license with you for pesticide purchases and use. Trainee license cannot be used to purchase restricted-use pesticide products.



OREGON DEPT OF AGRICULTURE PESTICIDES DIVISION 503/986-4635



Commercial Pesticide Operator 2006 LICENSE RENEWAL APPLICATION

CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2005 Mail/Firm Number: 117675 090481 Phone number: 503/285-1111 FAX number:

E-mail:

Business Location Address:

Phone number: 503/285-1111

5555 N CHANNEL PORTLAND OR 9720		FAX number:
	ODA Pesticide Bulletin? E-m	ail? Paper <u>X</u> Not at all
		D DELAY THE ISSUANCE OF YOUR LICENSE.
Identify type of ow		· · · · · · · · · · · · · · · · · · ·
(Ⅺ Corporation		
() Individual	Name	Applicator License #:
() Partnership	Name	Applicator License #:
·	Name	Applicator License #:
All Operators must	Complete Applicator/Trainee list	t on page 2
Major Category MARINE FOULING	Sub-Category	
Check all that apply () Aerial-Fixed Wing	to your work: () Aerial-Helicopter	() WDO Inspections Only No Pesticide Applications Conducted.

Form 4124 Rev 04/02 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL ST NE SALEM, OR 97301-2532 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

FIRM NO.

117675 090481

LICENSEE

CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

BUSINESS LOCATION

CASCADE GENERAL INC 5555 N CHANNEL PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

LICENSE TYPE

LICENSE NUMBER DATE ISSUED DATE

EXPIRES

67 01401

01/06/2005 12/31/2005

Commercial Pesticide Operator License

Pesticide Phone Numbers

Emergency Services Dial 911

National Poison Center......1 (800) 222-1222

Treatment information for pesticide poisoning.

OERS 1(800) 452-0311

Emergency information for spills. Outside Oregon: 1 (503) 378-4124

NPIC1 (800) 858-7378

General and toxicological information on pesticides

ODA Pesticides Division 1 (503) 986-4635

Information on pesticide regulations.

Worker Protection 1 (800) 922-2689

Consultations and investigations on WPS or Haz Com laws.

ODA Pesticide Website

-Get this information-

- Regulation Updates
- On-line Newsletter
- Search Registered Pesticides
- Report Pesticides Used
- Licensing Requirements
- Testing Locations
- Look Up Test Scores
- **Search Recertification Classes**
- Summary of Classes Attended

http://oda.state.or.us/pesticide

License Category Reference

720 - Marine Fouling Organism

731 - Agriculture Insecticide & Fungicide

732 - Agriculture Herbicide

733 - Agriculture Soil Furnigation

734 - Agriculture Livestock Pests

735 - Agriculture Vertebrate Pests

740 - Aquatic

750 - Demonstration and Research

760 - Forest

770 - Public Health

780 - Right of Way

791 - IIHS General Pests

792 - IIHS Structural Pests 793 - IIHS Space Fumigation

794 - IIHS Moss Control

795 - IIHS Wood Treatment

801 - Orn & Turf Insecticide & Fungicide

802 - Orn & Turf Herbicide

810 - Seed Treatment

820 - Regulatory Predator

830 - Regulatory Weed

970 - Consultant Demonstration & Research

Attention: Storing in see-through wallet sleeve may damage this card.

Oregon Department of Agriculture

Commercial Pesticide Operator

Expires: 12/31/2005

CASCADE GENERAL INC

Address: 5555 N CHANNEL

PORTLAND, OR 97208

Categories: 720

Carry this license with you for pesticide purchases and use. Trainee license can not be used to purchase restricteduse pesticide products.



form 4124 Rev 04/02 OREGON DEPARTMENT OF AGRICULTURE 535 CAPITOL ST NE SALEM, OR 97301-2532 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

FIRM NO.

117675 090481

LICENSEE

ГҮРЕ

067

CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

BUSINESS LOCATION CASCADE GENERAL INC 5555 N CHANNEL

PORTLAND, OR 97208

CATEGORIES OF LICENSE

LICENSE

LICENSE NUMBER

01401

DATE **ISSUED** DATE

01/10/2004 12/31/2004

MARINE FOULING **EXPIRES**

Commercial Pesticide Operator License

Pesticide Phone Numbers

Emergency Services Dial 911

National Poison Center.......... 1 (800) 222-1222

Treatment information for pesticide poisoning.

OERS 1(800) 452-0311

Emergency information for spills. Outside Oregon: 1 (503) 378-4124

NPIC 1 (800) 858-7378

General and toxicological information on pesticides

ODA Pesticides Division 1 (503) 986-4635

Information on pesticide regulations.

Worker Protection 1 (800) 922-2689

Consultations and investigations on WPS or Haz Com laws.

ODA Pesticide Website

-Get this information-

- Regulation Updates
- On-line Newsletter
- Search Registered Pesticides
- Report Pesticides Used
- Licensing Requirements
- Testing Locations
- Look Up Test Scores
- Search Recertification Classes
- Summary of Classes Attended

http://oda.state.or.us/pesticide

License Category Reference

720 - Marine Fouling Organism

731 - Agriculture Insecticide & Fungicide

732 - Agriculture Herbicide

733 - Agriculture Soil Fumigation 734 - Agriculture Livestock Pests

735 - Agriculture Vertebrate Pests

740 - Aquatic

750 - Demonstration and Research

760 - Forest

770 - Public Health

780 - Right of Way

791 - IIHS General Pests 792 - IIHS Structural Pests

793 - IIHS Space Fumigation

794 - IIHS Moss Control

795 - IIHS Wood Treatment

801 - Orn & Turf Insecticide & Fungicide

802 - Orn & Turf Herbicide

810 - Seed Treatment

820 - Regulatory Predator

830 - Regulatory Weed 970 - Consultant Demonstration & Research

Attention: Storing in see-through wallet sleeve may damage this card.

Oregon Department of Agriculture

Commercial Pesticide Operator

01401 Lic:

Categories: 720

Expires: 12/31/2004

Name:

CASCADE GENERAL INC

Address: 5555 N CHANNEL

PORTLAND, OR 97208

Carry this license with you for pesticide purchases and use. Trainee license can not be used to purchase restricteduse pesticide products.

OREGON DEPT OF AGRICULTURE PESTICIDES DIVISION 503/986-4635



Commercial Pesticide Operator 2004 LICENSE RENEWAL APPLICATION

CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2003
Mail/Firm Number: 117675: 090481

Phone number: 503/285-1111 FAX number:

FAX number: E-mail:

Business Location Address: CASCADE GENERAL INC 5555 N CHANNEL PORTLAND OR 97208

Phone number: 503/285-1111 FAX number:

	ODA Pesticide Quarterly N	ewsletter? E-ma	ail? Paper <u>X</u> Not	: at all
Lic Code 001401-67	Please complete this form a INCOMPLETE FORMS WILL BE RE			
Identify type	J. M. C. March		N. N. Jangara, Mariang	. Summer)
() Individua	Name	<u>.</u>	_ Applicator Licens	se #:
() Partnershi	p Name	·	Applicator Licens	se #:
	Name		_ Applicator Licens	se #:
	must Complete Applicator/Tr		_	4344
Major Category		ry	The water the	9.8 . X
	pply to your work:	Helicopter	() Home Inspecti	ons Only

Form: 4124 Rev 04/02 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL ST NE SALEM, OR 97301-2532

(503) 986-4550

LICENSEE

067

POST THIS LICENSE IN A CONSPICUOUS PLACE

FIRM NO.

CASCADE GENERAL INC BUSINESS PO BOX 4367 LOCATION

5555 N CHANNEL PORTLAND, OR 97208 PORTLAND, OR 97208

CATEGORIES OF LICENSE

MARINE FOULING LICENSE DATE LICENSE DATE **EXPIRES** TYPE NUMBER ISSUED

01/02/2003 12/31/2003

Commercial Pesticide Operator License

Pesticide Phone Numbers

Emergency Services Dial 911

National Poison Center......1 (800) 222-1222

Treatment information for pesticide poisoning.

01401

OERS 1(800) 452-0311

Emergency information for spills: Outside Oregon: 1 (503) 378-4124

NPIC1 (800) 858-7378

General and toxicological information on pesticides

ODA Pesticides Division (503) 986-4635

Information on pesticide regulations.

Worker Protection1 (800) 922-2689

Consultations and investigations on WPS or Haz Com laws.

License Category Reference

720 - Marine Fouling Organism

731 - Agriculture Insecticide & Fungicide

732 - Agriculture Herbicide

733 - Agriculture Soil Furnigation

734 - Agriculture Livestock Pests

735 - Agriculture Vertebrate Pests

740 - Aquatic

750 - Demonstration and Research

760 - Forest

770 - Public Health

780 - Right of Way

791 - IIHS General Pests

792 - IIHS Structural Pests

793 - IIHS Space Fumigation

794 - IIHS Moss Control

795 - IIHS Wood Treatment

801 - Orn & Turf Insecticide & Fungicide

802 - Orn & Turf Herbicide

810 - Seed Treatment

820 - Regulatory Predator

830 - Regulatory Weed

970 - Consultant Demonstration & Research

ODA Pesticide Website

117675 090481

CASCADE GENERAL INC

-Get this information-

- Regulation Updates
- On-line Newsletter
- Search Registered Pesticides
- Report Pesticides Used
- Licensing Requirements
- Testing Locations
- Look Up Test Scores
- Search Recertification Classes
- Summary of Classes Attended

http://oda.state.or.us/pesticide



Oregon Department of Agriculture

Commercial Pesticide Operator

Lic: 01401 Expires: 12/31/2003 CASCADE GENERAL INC

Address: 5555/N CHANNEL

PORTEAND: OR 97208

Categories: 720)

Carry this license with you for pesticide purchases and use. Trainee license can not be used to purchase restricteduse pesticide products.

OREGON DEPT OF AGRICULTURE PESTICIDES DIVISION 503/986-4635



Commercial Pesticide Operator 2003 LICENSE RENEWAL APPLICATION

CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2002 Mail/Firm Number: 117675 090481 Phone number: 503/285-1111

FAX number:

E-mail:

Business Location Address: CASCADE GENERAL INC 5555 N CHANNEL PORTLAND OR 97208

Phone	number:	503/285-1111
FΔY	number.	

	ODA Pesticide Quarterly Newsl	etter? E-mail? Paper Not at all
Lic Code 001401-67	Please complete this form and make INCOMPLETE FORMS WILL BE RETURNED A	corrections where necessary. ND DELAY THE ISSUANCE OF YOUR LICENSE.
Identify type	of ownership:	***************************************
() Individua	1 Name	Applicator License #:
() Partnersh	ip Name	Applicator License #:
	Name	Applicator License #:
⟨ ⟨ ⟨ Corporation	on Complete Applicator/Train	ee list on page 2
Major Categor; MARINE FOULING	•	
Equipment - che	ck all that apply to your work: (X) Ground () Chemigation
() License ma	aintained for Home Inspections only.	No pesticides are applied.

OKEGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Commercial Pesticide Operator 2002 LICENSE RENEWAL APPLICATION

CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2001
Mail/Firm Number: 117675 090481
Phone number: 503/285-1111
FAX number:

E-mail:

Business Location Address: CASCADE GENERAL INC 5555 N CHANNEL PORTLAND OR 97208

Phone	number:	503/285-111
FAX	number:	

	CDA Pestic	de Quarterly N	ewsletter?	E-mail? _	_ Paper	Not at all
Lic Code 001401-67	Please complete t INCOMPLETE FORMS					R LICENSE.
Identify typ	pe of ownership:				•••••	
() Individu	ıal Name			Applica	tor License	#:
() Partners	ship Name			Applica	tor License	: #:
	Nате			Applica	tor License	: #:
(X) Corporat	ion Complet	e Applicator/Tu	rainee list	on page 2		
**************************************				***************************************		
Major Catego MARINE FOULI	-	Sub-Category				
	eck all that apply (X)		() Chemi	gation		
() License	maintained for Home	Inspections or	ıly. No pest	icides are	applied.	

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 2001 LICENSE RENEWAL APPLICATION

BOWDEN, MARK P C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000 Mail/Firm Number: 102124 102124 Phone number: 503/285-9706

FAX number: E-mail: Home Address (if different from above): Phone number: FAX number: (city, state, zip) ODA Pesticide Quarterly Newsletter? E-mail? ___ Paper Please complete this form and make corrections where necessary. Lic Code 073198-69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. Sub-Category Major Category MARINE FOULING REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: Phone number: 503-285-1111 Cascade General, Inc. FAX number: 503-247-6050 5555 N. Channel Avenue Portland, OR 97217 (city, state, zip) Operator Lic #: 134430 Supervising licensed applicator: Name: Bruce Clark Signature:

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 2001 LICENSE RENEWAL APPLICATION

MOORE, SAM C/O CASCADE GENERAL INC PO BOX 4367 CURRENT LICENSE EXPIRES: 12/31/2000 PORTLAND OR 97208 Mail/Firm Number: 122120 122120 Phone number: 503/285-1111 FAX number: E-mail: Home Address (if different from above): Phone number: FAX number: (city, state, zip) ODA Pesticide Quarterly Newsletter? E-mail? ___ Paper ___ Not at all ___ Please complete this form and make corrections where necessary. Lic Code INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. 122329 - 69 Major Category Sub-Category MARINE FOULING REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: Phone number: 503-285-1111 Cascade General, Inc. FAX number: 503-247-6050 5555 N. Channel Avenue Portland, OR 97217 (city, state, zip) Operator Lic #: 134430 Supervising licensed applicator: Name: <u>Bruce Clark</u> Signature:

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE 'Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee

2001 LICENSE RENEWAL APPLICATION COOK, MANUARD C/O CASCADE GENERAL INC PO BOX 4367 CURRENT LICENSE EXPIRES: 12/31/2000 PORTLAND OR 97208 Mail/Firm Number: 143310 143310 Phone number: FAX number: E-mail: Home Address (if different from above): Phone number: FAX number: (city, state, zip) ODA Pesticide Quarterly Newsletter? E-mail? ___ Paper ___ Not at all ___ Lic Code Please complete this form and make corrections where necessary. INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSES 144652-69 Major Category Sub-Category MARINE FOULING REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator Employer - Company name and address: Phone number: 503-285-1111 Cascade General, Inc. FAX number: 503-247-6050 <u> 5555 N. Channel Avenue</u> Portland, OR 97217 Operator Lic #: 134430 (city, state, zip) Supervising licensed applicator: Name: Bruce Clark Signaturé:

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem. OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee

2001 LICENSE RENEWAL APPLICATION BROOKS. GEORGE C/O CASCADE GENERAL INC PO BOX 4367 CURRENT LICENSE EXPIRES: 12/31/2000 PORTLAND OR 97208 Mail/Firm Number: 143309 143309 Phone number: FAX number: E-mail: Home Address (if different from above): Phone number: FAX number: (city, state, zip) ODA Pesticide Quarterly Newsletter? E-mail? Paper Please complete this form and make corrections where necessary. Lic Code 144651-69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. Major Category Sub-Category MARINE FOULING REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator Employer - Company name and address: Phone number: 503-285-1111 Cascade General, Inc. FAX number: 503-247-6050 5555 N. Channel Avenue Portland, OR 97217 Operator Lic #: 134430 (city, state, zip) Supervising licensed applicator: Name: <u>Bruce Clark</u> Signature:

Oregon Department of Agriculture 635 Capitol Street NE Salem, Oregon 97301-2532 (503) 986-4635

Signature_

Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

PRINT OR TYPE LICENSE EXPIRES DECEMBER 31
Last Name First Name M.I.
Mailing Address
Ciby
ANO OR THE
Applicant Home Address (if different from above):
Physical Address
City State Zip
Home Phone No. —
Email Address:
ODA Pesticide Quarterly Newsletter notification by Email? ☐Yes ☐No
Social Security #
Date of Birth 8/18/49
Employer's Company Name: Cascade Cenenal
Operator License # OPO Phone#
CASCADE GENERAL INC
POPT AND OP 17217
City PORTLAND, OR 31/21/
Check Application Method(s) Aerial Ground - Chemigation Home Inspections Only
I AGREE TO COMPLY WITH ALL LAWS AND REGULATOINS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.
Signature Dan Charles
Date 15/15/00
RETURN THIS APPLICATION WITH YOUR REMITTANCE PAYABLE TO OREGON DEPARTMENT S 15.10
FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.
□ Visa □ MC Exp/_ Total Charges \$
Card Number

rehewal	okrahi	
For Office Use O	nly	
LICENSE # 13430 111111111111111111111111111111111	3.3940 W	
LICENSE TYPE 68	rigaviji.	arian parago
MAIL FIRM #		
E DE SE ESTADO E PER ESTADO E	(#. 6647) .	4 (11)
LAWS AND SAFETY		
Score Score	Date	
LICENSE CATEGORIES	Score	Date
AGRICULTURE		39.55
INSECTICIDE & FUNGICIDE		
HERBICIDE 7		w,i
D SOIL FUMIGATION		
LIVESTOCK PESTS		
VERTEBRATE PESTS		
AQUATIC		
DEMONSTRATION & RESEARCH FOREST		
IIHS III		
GENERAL PESTS		
STRUCTURAL PESTS		
SPACE FUMIGATION	Y) 1	
□ MOSS		
WOOD TREATMENT:		
X MARINE FOULING ORGANISM	84%	12/15/2000
ORNAMENTAL & TURF	1	
□ INSECTICIDE & FUNGICIDE		
HERBICIDE		
PUBLIC HEALTH		
RIGHT OF WAY		
SEED TREATMENT		
	TOTAL TOTAL	

License Fee :	Schedule
	VC vo
One major category	\$ 15.00 each \$ 15.00
Additional major categories	_@\$ 7.50 each _\$
Re-examination fee	_@\$ 5.00 each _\$
After current license issued	
additional major categories	_@\$ 12.50 each \$
<u>. Dramiji la projekt je projekt l</u>	
Total Due	\$ <u>1070</u>

Oregon Department of Agriculture 177112 51002 file 635 Capitol Street NE 25/15/15 Salem, Oregon 97301-2532 (503) 986-4635

Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

Daniels Last Name	Douglas First Name	D,
Last Name	First Name (\	M.II
YOT I A	.	
.,	State	_,,,

Thin on the Light Extra Leg Beautiful Co
Daniels Douglas D. Last Name First Name (, M.I)
TOTI AWO
Applicant Home Address (if different from above):
Physical Address
City State Zip Home Phone No. —
Email Address: DDANIELS @ CASGEW
ODA Pesticide Quarterly Newsletter notification by Email? 'Q'Yes 디No
Social Security #
Employer's Company Name: CASCAde General
operator License COILOCI Proper
CASCADE GENERAL INC 5555 N. CHANNEL AVE CITY PORTLAND, OR 97217
Check Application Method(s) Aerial Ground Ground - Chemigation Home Inspections Only
I AGREE TO COMPLY WITH ALL LAWS AND REGULATOINS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.
Signature Douglas Daniel
Date 12-15-00
RETURN THIS APPLICATION WITH YOUR REMITTANCE PAYABLE TO OREGON DEPARTMENT OF AGRICULTURE. PAYTHIS AMOUNT:
FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.
□ Visa □ MC Exp/ Total Charges \$
Card Number
SignatureDate/

	i iernieus	. Notice :
For Office Use	Only	
	7445.7714.7 Fádrák 188	
LICENSE#		
LICENSE TYPE 68	La vigir a s	
MAIL FIRM #		
		2 (100) (34
LAWS AND SAFETY		
Score		7107,434
LICENSE CATEGORIES	Score	Date
AGRICULTURE:		THE STORY
□ INSECTICIDE & FUNGICIDE		247
HERBICIDE CONTROL	23 . 2 4	жистей
D SOIL FUMIGATION		
LIVESTOCK PESTS		
VERTEBRATE PESTS		NGV .
AQUATIC		
DEMONSTRATION & RESEARC	Ж	
FOREST		
illes :		
GENERAL PESTS		
STRUCTURAL PESTS		213 (FIRE
SPACE FUMIGATION D MOSS		
U WOOD TREATMENT		
MARINE FOULING ORGANISM	88%	12/15/2000
ORNAMENTAL & TURF		
☐ INSECTICIDE & FUNGICIDE		
O HERBICIDE		
PUBLIC HEALTH		
RIGHT OF WAY		
SEED TREATMENT		

				· · · · · · · · · · · · · · · · · · ·
	License	e Fee Scl	redule	i di rae Tro
One major	category	\$	15.00 each	\$15.00
it wit				bisa esi
Additional I	major categor	ies@:	\$ 7.50 each	\$ <u> </u>
Re-examin	ation fee	@;	\$ 5.00 each	\$ <u> </u>
After curre	nt license issu			
additional r	najor categor		\$ 12.50 eac	h \$
Total Due	n vesten	Jali (Gughi)	197 197 (-7 7	"\$ <u>15.0</u> 0

Oregon Department of Agriculture 635 Capitol Street NE

Salem, Oregon 97301-2532 (503) 986-4635

Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

P	R	ΙN	Т	0	R	T	Υ	P	E

Misho	Rodier	۷,
Last Name	First Name	M.I.
5555	N. Channel A	are
Mailing Address	l OR.	9721
City	State	Zip

	1		•	,
Misho Kon	lger			<u>, </u>
Last Name Firs	t Name	1	٠. ا	M.I.
Mailing Address	nanrc	1 14	re	
fortland	OR	•	. 9	72/1
City	State			Zip
	<u> </u>			
Applicant Home Add	ress (if di	ifferent	from ab	ove):
		/ .		
hysical Address	1.00%		15 2 5 1	
Sit.				71-
Stat Stat	e .			Zip
ome Phone No.				
mail Address:				
DDA Pesticide Quarterly Newslett	er notifica	tion by E	Email?	☐Yes ☐No
ocial Security #			Í	
	<u> </u>		:	<u> </u>
ate of Birth $\frac{12-1-58}{}$		7		
mployer's Company Name:	ascao	le 6	ener	a/
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>r</i> — <i>i</i>	one# 🚄	/	-1111
perator license # 1/40	كليك الوال م)∩ e #		
5555 N. Chann	0/	·		
hysical Address ADE GENE	DAL	AIA		
19 5555 N CHARIN	A TAL	NU	4	Zipza
PORTI AND OD	IEL AV	<u>E</u>	AF 42	
Check Application Wetrodes	9721	/ Ground		
☐ Ground - Chemigation			spectio	ns Only
			<u>.</u>	
AGREE TO COMPLY WITH ALL LA	WS AND	REGULAT	TOINS P	ERTAINING TO
HIS LICENSE. I WILL NOTIFY THE URE IMMEDIATELY SHOULD ANY				
HANGE.	MEOUN	AIION O	11110	A) I EIOAI IOI
			•	
11				
ignature Rolling Z	1. m	uki)	
ignature Rodylas Z	1. m	uki	· · · · · ·	
	1. TV	reki	<u> </u>	
ate 12-5-00				
ate 12-5-00 ETURN THIS APPLICATION	WITH Y	OUR (
ate 12 5-00 ETURN THIS APPLICATION EMITTANCE PAYABLE TO OREGON	WITH YO	OUR () 15	.DO
Ate 12-6-00 ETURN THIS APPLICATION EMITTANCE PAYABLE TO OREGON F AGRICULTURE. PAYTHIS AMOU	WITH YO DEPARTM NT:	OUR SIENT	15	.DO
Ate 12-6-00 ETURN THIS APPLICATION EMITTANCE PAYABLE TO OREGON F AGRICULTURE. PAYTHIS AMOU	WITH YO DEPARTM NT:	OUR SIENT	15	. <i>DO</i>
ate 12 15 - 00 ETURN THIS APPLICATION EMITTANCE PAYABLETO OREGON F AGRICULTURE. PAYTHIS AMOUNT OR CREDIT CARD PAYMENTS COM	WITH YOU DEPARTM	DUR LENT	15	
ETURN THIS APPLICATION EMITTANCE PAYABLETO OREGON F AGRICULTURE. PAYTHIS AMOUNT OR CREDIT CARD PAYMENTS COM	WITH YOU DEPARTM NT: MPLETE IN	DUR LENT	15	
	WITH YOU DEPARTM NT: MPLETE IN	DUR LENT	15	
ETURN THIS APPLICATION EMITTANCE PAYABLE TO OREGON F AGRICULTURE. PAYTHIS AMOUNT OR CREDIT CARD PAYMENTS COM	WITH YOU DEPARTM NT: MPLETE IN	DUR LENT LENT LENT LENT LENT LENT LENT LENT	15	

renewal For Office Use O	nly	vikugā Silvijai
LICENSE# 134428		ulik ingA
LICENSE TYPE 68	neovil a	alle ag 4
MAIL FIRM #	. C -47 05	nalioneA
LAWS AND SAFETY:	Date	
LICENSE CATEGORIES	Score	Date
AGRICULTURE UNSECTICIDE & FUNGICIDE		5((a .).) 1
HERBICIDE : 1013194	2 nois	raanagi ,
SOIL FUMIGATION LIVESTOCK PESTS		
VERTEBRATE PESTS		ाश्चारती
AQUATIC DEMONSTRATION & RESEARCH		rasia (14)
FOREST		
IIHS D GENERAL PESTS	3,742	
D STRUCTURAL PESTS D SPACE FUMIGATION		
☐ MOSS		
U WOOD TREATMENT X MARINE FOULING ORGANISM	80%	12/15/2000
ORNAMENTAL & TURF	********	
☐ :INSECTICIDE & FUNGICIDE :: ☐ HERBICIDE		
PUBLIC HEALTH	Ogwa T	
RIGHT OF WAY SEED TREATMENT		
License Fee Sche	dule	

and this is	instatation	Ettifoto ficación (d.	eternie de la la
Lic	ense Fee S	chedule	
		Onogaio -	
			1000
One major category		\$ 15.00 each	\$ 15.00
Additional major cal	ogorioo	@\$ 7.50 each	
Additional major cal	iegories	e o 7.50 each	Φ
Re-examination fee		@\$ 5.00 each	\$ -
A 4 a a support liance	. inc. in d		
After current license	after the comment in this best of		
additional major cat	egories 💹	@\$ 12.50 each	\$
	2:02:42:12:5	4.5.6.2.5.4.	
Total Due	= tribulif (kulu-d	(*,%::/*,:::/	\$15W
			Ψ <u>1Ο-</u>

Oregon Department of Agriculture 635 Capitol Street NE

Salem, Oregon 97301-2532

(503) 986-4635

Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONL

PRINT OR LYPE	RINT OR TY	P	E
---------------	------------	---	---

Signature

Knydsen Lavry B
5555 V. Chanel
Mailing Address OR. 97217
City State Zip
Applicant Home Address (if different from above):
Physical Address
City 70
City State 5 Zip
Home Phone No.
Email Address:
ODA Pesticide Quarterly Newsletter notification by Email? Overland Control of the Control of t
Social Security #
Date of Birth
Employer's Company Name: Cas Cade General
Operator License # 004016 Phone # 503 247 - 1379
5555 N. Chanel
Physical Address Por Havel OR 97217
City State Zip
Check Application Method(s):
☐ Ground - Chemigation ☐ Home Inspections Only
I AGREE TO COMPLY WITH ALL LAWS AND REGULATOINS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.
Law D. D. Alen
Signature // WW 15 Power
Date /2/15/2000
RETURN THIS APPLICATION WITH YOUR REMITTANCE PAYABLETO OREGON DEPARTMENT \$ 15.00
FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.
□ Visa □ MC Exp/ Total Charges \$
Card Number

55 Canada - San Granda Canada	aideH e	na aging s
For Office Use O	nly	
LICENSE#		
LICENSE TYPE 68		ulus jir.
MAIL FIRM#		
	Ja lage	1131023774
LAWS AND SAFETY		
	Date	
KNISKOLANIKE POPUROGEMO SELELUJUM SEL		
LICENSE CATEGORIES	Score	Date
AGRICULTURE		T. Fr. LEDA
☐ INSECTICIDE & FUNGICIDE		
HERBICIDE . (Sises)	x 65.72	.075*.597.7
SOIL FUMIGATION	7	i he' teams (hu we
LIVESTOCK PESTS		
VERTEBRATE PESTS		
AQUATIC		
DEMONSTRATION & RESEARCH	35 1 37	(ciga) (2°11)
FOREST		
:IIHS : P	1, 4, 5, 5	
U GENERAL PESTS		
STRUCTURAL PESTS		
D SPACE FUMIGATION		
D MOSS		
WOOD TREATMENT	1250	7.0
MARINE FOULING ORGANISM	77%	12/15/2000
ORNAMENTAL & TURE		
D INSECTICIDE & FUNGICIDE	354-A-1	
O HERBICIDE		
PUBLIC HEALTH	100	
RIGHT OF WAY		
SEED TREATMENT	1190	
OLLO INDAIMENT		
. The same of the end of an indicate to the same of th		

	- 14 Jr 1 J
License Fee S	
One major category	\$ 15.00 each \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Additional major categories	@\$ 7.50 each \$
Additional major categories	w o 1.30 each w
Re-examination fee	@\$ 5.00 each \$
TIO CAUTINI GUOTI I CO	. e ψ o.oo each ψ
After current license issued	
The experience of the companion of the c	
additional major categories	@\$ 12.50 each \$ <
A Datali ton noval arress time Total Due	
TALLER THE SECOND STATES OF THE SECOND SECON	**** · · · · · · · · · · · · · · · · ·
Total Due	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

Oregon Department of Agriculture

635 Capitol Street NE

Salem, Oregon 97301-2532

(503) 986-4635

Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

violocation in the

PRINT OR TYPE

Card Number

Signature

LICENSE EXPIRES DECEMBER 31

FASILIS DIMITRIOS K	
Last Name First Name M.I.	ĺ
SSSS (hannel drive	
Mailing Address Poz+land OR 97217	
City State Zip	
Applicant Home Address (if different from above):	
the state of the s	
Physical Address	
City State	
Home Phone No.	
Email Address:	
<u> Tologon i karangan karang darah kerang dar</u>	
Social Security #	:
Date of Birth	
Employer's Company Name: CASCADE GENERAL	
Operator License 601401407 RHONE	
0100177 07177	
Physical AGAS CADE GENERAL INC	
5555 N. CHANNEL AVE	
· • · · · · · · · · · · · · · · · · · ·	
Check Application Method(s):	
Ground - Chemigation Home Inspections Only	
I AGREE TO COMPLY WITH ALL LAWS AND REGULATOINS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION ON THE APPLICATION ON THE APPLICATION OF	
CHANGE.	
Signature Printing K. Farilis	
Date 17-15-00	_
RETURN THIS APPLICATION WITH YOUR REMITTANCE PAYABLE TO OREGON DEPARTMENT OF AGRICULTURE. PAYTHIS AMOUNT:	
FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.	-
□ Visa □ MC Exp/_ Total Charges \$	

For Office Use Only

	Sillia Sette-Lie Tille		
	90.75 - 2 - 1.50.121 3	Strucker refull	
LICENSE #			
LIULINGE #		30) - A - 1 - 1 mig	— (Fr. 250)
LICENSE TYPE 68		arsecon Police	
		ualus Vien este de la	
MAIL FIRM #			
	filmille telefolgskrivelija	6794 <i>87</i> 538431	Light and C
		en ap ripidad neadeap 14.	erskkar k
LAWS AND SAFETY			
	Score	Date 🧓 🦙 📜 👯	(- n.s. n. /s.
	předouze u prouveza	. determinente enge	ar dependent
LICENSE CATEGOR	IFC		

Score	Date 🛒 🕌	(\$ \$ ³ 154 - Mass in 18
LICENSE CATEGORIES	Score	Date
AGRICULTURE		egaaA.
INSECTICIDE & FUNGICIDE		
D HERBIGIDE	Xanata	773
□ SOIL FUMIGATION		
LIVESTOCK PESTS		
VERTEBRATE PESTS		
AQUATIC		
DEMONSTRATION & RESEARCH	727 F 151	
FOREST		
	771.	23 F
GENERAL PESTS		
STRUCTURAL PESTS	, y 7	201
□ SPACE FUMIGATION		
□ MOSS □ WOOD TREATMENT		
X MARINE FOULING ORGANISM	89%	12/15/2000
ORNAMENTAL & TURF		
INSECTICIDE & FUNGICIDE		
D HERBICIDE		
PUBLIC HEALTH		
RIGHT OF WAY		
SEED TREATMENT		

Lic	en	se F	ee	Sch	edule
فريقتار		al facili			1.00

One major category \$ 15.00 each \$ \overline{\infty} \overline{\inf

Additional Trajer Categories 4 7.30 Gath 4

Re-examination fee ____@\$ 5.00 each \$____

After current license issued additional major categories ____@\$ 12.50 each \$____

Total Due':

Oregon Department of Agriculture

Salem, Oregon 97301-2532

(503) 986-4635

Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

P	R	۱ħ	IT	0	R	T	Y	P	Ε

LICENSE EXPIRES DECEMBER 31

<u>,</u>		
Willen	cham Joel C	
Last Name	First Name N.Channal Ave	M.I.
Mailing Add		
City	State	Zip
Applic	ant Home Address (if different fr	om above):
		• • • • • • • • • • • • • • • • • • •
Physical Address		(.* -
City	State	Zip
lome Phone No.		<u> </u>
Email Address: .		
ODA Pesticide Qu	arterly Newsletter notification by Er	mail? □Yes □No
Social Security # _	an tony provious from outlon by El	7,000
-	2 62	
Date of Birth		
Employer's Compa	any Name: Cascade General	
perator License	OOLUDI 67 Phone# 28	51111
	555 N Channal Ave	
	Mand Osegon 9721	7
City	State	
Check Applicat	ion Method(s):	
□ Aerial	☑ Ground	

I AGREE TO COMPLY WITH ALL LAWS AND REGULATOINS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION

☐ Ground - Chemigation

Card Number

Signature_

☐ Home Inspections Only

CHANGE.	Sec. Asia.
Signature 200 11/1 18 1000	
Date 12/15/00/	
RETURN THIS APPLICATION WITH YOUR REMITTANCE PAYABLETO OREGON DEPARTMENT OF AGRICULTURE. PAYTHIS AMOUNT:	\$ 1500
FOR CREDIT CARD PAYMENTS COMPLETE INFORM	MATION BELOW.
□ Visa □ MC Exp/_ Total Charge	s \$

e e projekt gebege (*) e karrier e de seu sammatanans	reneusl =	actek souloatak
F	Yeneus Lor or Office Use O	nly
	120 min	icazet salautika
LICENSE # 154	434	
LICENSE TYPE 68	tes 7 Je	
MAIL FIRM #		
LAWS AND SAFETY		

	Score	Date	
LICENSE CATEGORI	ES	Score	Date
AGRICULTURE			011.2254
INSECTICID	E & FUNGICIDE .		
HERBICIDE			
D SOIL FUMIG	ATION	4 50 T	
LIVESTOCK	a literaria dallonia peda i sundi		
			icaio V
U VERTEBRAT	E PESIS		
AQUATIC			
DEMONSTRATION	ON & RESEARCH	11971,934	Para Catalo
FOREST			
<u>- </u>			
GENERAL P	ESTS		
STRUCTUR/	AL PESTS		
SPACE FUM	IGATION		
□ MOSS			
WOOD TRE	ATMENT		
MARINE FOULI	NG ORGANISM	88%	12/15/2000
ORNAMENTAL	& TURF		
□ INSECTICID			
HERBICIDE			
PUBLIC HEALT			
of Filipping Page performance and appropriately	1		
RIGHT OF WAY			
SEED TREATME	NT - C		
in the second of the control of the	13 . The interpretation of the first state.		1 67 3 A A BOTT 3.2 (Se

License	Fee Schedule
One major category	\$ 15.00 each \$ <i>15.0</i> 0
One major category	φ 15.00 Each φ <u>700/0</u>
- 的是有特殊 - 智慧的体验管摄影的	
Additional major categori	es@\$ 7.50 each \$
Re-examination fee	@\$ 5.00 each _\$
After current license issu-	ed
All there is a best to provide the contract of	and other and the control of the con
additional major categorie	es <u> </u>
v bstell him medel emis	ra taminina a la callette de la callette
Total Due	\$15.00

COMMERCIAL PESTICIDE APPLICATOR

LICENSE APPLICATION

Oregon Department of Agriculture

635 Capitol Street NE

Salem, Oregon 97301-2532

(503) 986-4635

Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

PRINT OR TYPE

	2.1	•
PELTIER Last Name	Desit	1,
Last Name	First Name	M.I.
3555 n.	CHADDEL	Ave.
Mailing Address	OR.	97217
City	State	Zip
· · · · · · · · · · · · · · · · · · ·		

FRINT OR THE LICENSE EXPINES DECEMBER 31
Last Name First Name M.I. SSSS O. CHANNEL AVE. Mailling Address DECTLAND OR. 97217 City State Zip
Applicant Home Address (if different from above):
Physical Address
City State Zip
Email Address: SPECTIER & CASCEN. Com
ODA Pesticide Quarterly Newsletter notification by Email?
Social Security
Date of Birth 12-15-64
Employer's Company Name: CASCADE GENERAL
00140167 Phone# 503-285-1111
Finysical Address PORTLAND, OR. 97217 City State Zip
CHERNIPHONION (S)
☐ Aerial ☐ Ground ☐ Home Inspections Only
I AGREE TO COMPLY WITH ALL LAWS AND REGULATOINS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE MMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.
Signature Jall
Date 60-15-00
RETURN THIS APPLICATION WITH YOUR REMITTANCE PAYABLE TO OREGON DEPARTMENT \$ 15.00
FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.
□ Visa □ MC Exp/ Total Charges \$
Card Number
SignatureDate/

	al voices en lucros
For Office U	se Offiy Quili issa in mulicani, A
LICENSE TYPE 60	
MAIL FIRM #	- ADGREGIE GROUNDE (E.M.
LAWS AND SAFETY	
LICENSE CATEGORIES	Date
AGRICULTURE INSECTICIDE & FUNGIC SOIL FUMIGATION LIVESTOCK PESTS VERTEBRATE PESTS AQUATIC DEMONSTRATION & RESE/ FOREST IIHS GENERAL PESTS STRUCTURAL PESTS SPACE FUMIGATION MOSS WOOD TREATMENT MARINE FOULING ORGANI ORNAMENTAL & TURF INSECTICIDE & FUNGIC HERBICIDE PUBLIC HEALTH RIGHT OF WAY SEED TREATMENT	IDE
License Fee	
One major category Additional major categories	\$15.00 each \$15.00
Re-examination fee	
After current license issued additional major categories	
e pe di Aen i unit brinca les Total Due	offiles to rading 15.00

License F	ee Schedule
	\$ 15.00 each \$ 15.00
One major category	a 15.00 each a Nove
Additional major categories	@\$ 7.50 each \$
Re-examination fee	@\$ 5.00 each \$
	· · · · · · · · · · · · · · · · · · ·
After current license issued	
additional major categories	@\$12.50 each \$
s zerze ban ir dak amara	in South the sit a dultional
Total Due	" s 15.W
Control of the Contro	

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WARDELL, RAY K C/O CASCADE GENERAL PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

LOCATION

LICENSE TYPE

LICENSE NUMBER ISSUED

EXPRESS.

CATEGORIES OF LICENSE MARINE FOULING

68

134426

01/14/2000 12/31/2000 15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Commercial Pesticide Applicator

LICENSE NO: 134426

EXPIRES: 12/31/2000

WARDELL, RAY K

C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE

134426-68

MARINE FOULING

REGON DEPARTMENT OF AGRICULTURE 35 CAPITOL STREET NE ALEM OR 97310-0110 303) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC. PO BOX 4367 PORTLAND, OR 97208

ICENSE YPE

NUMBER

ISSUED

EXPRESS

01401 01/12/2000 12/31/2000

mmercial Pesticide Operator License

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Commercial Pesticide Operator

LICENSE NO: 01401 EXPIRES: 12/31/2000

CASCADE GENERAL INC PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE

01401-67

MARINE FOULING

FIRM NO.

117675 090481

BUSINESS

LOCATION 5555 N CHANNEL

PORTLAND, OR 97208

CATEGORIES OF LICENSE

MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WILLINGHAM, JOEL C C/O CASCADE GENERAL PO BOX 4367 PORTLAND, OR 97208 FIRM NO.

122117 122117

BUSINESS

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPRESS CATEGORIES OF LICENSE MARINE FOULING

68

134424

01/14/2000 12/31/2000

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator

LICENSE NO: 134424

EXPIRES: 12/31/2000

WILLINGHAM, JOEL C C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE MARINE FOULING

134424-68

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

133563 133563

BUSINESS LOCATION

LICENSE TYPE LICENSE

DATE ISSUED DATE EXPRESS CATEGORIES OF LICENSE MARINE FOULING

68 134429

01/14/2000 12/31/2000

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator

LICENSE NO: 134429 E

EXPIRES: 12/31/2000

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE

MARINE FOULING

134429-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MISHO, RODGER L C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND. OR 97208 FIRM NO.

133562 133562

BUSINESS LOCATION

LICENSE TYPE LICENSE

DATE

DATE EXPRESS CATEGORIES OF LICENSE MARINE FOULING

68 134428

01/14/2000 12/31/2000

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134428 EXPIRES: 12/31/2000
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND. OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134428-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

117675 090481

BUSINESS -

LOCATION 5555 N CHANNEL

PORTLAND, OR 97208

LICENSE TYPE LICENSE NUMBER DATE ISSUED

DATE EXPRESS CATEGORIES OF LICENSE

MARINE FOULING

67 01401

01/12/2000 12/31/2000

40.00

Commercial Pesticide Operator License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Operator

LICENSE NO: 01401

EXPIRES: 12/31/2000

CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

01401-67

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BROOKS, GEORGE

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO

143309 143309

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE

ISSUED EXPRESS CATEGORIES OF LICENSE

MARINE FOULING

69 144651

02/10/2000 12/31/2000

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train/e LICENSE NO: 144651 EXPIRES: 12/31/2000

BROOKS, GEORGE C/O CASCADE GENERAL INC.

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

144651-69

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BOWDEN. MARK P

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

102124 102124

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE ISSUED

EXPRESS

CATEGORIES OF LICENSE

MARINE FOULING

73198 69

02/10/2000 12/31/2000

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train e LICENSE NO: 73198 EXPIRES: 12/31/2000 BOWDEN, MARK P C/O CASCADE GENERAL INC PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE

....73198-69

MARINE FOULING

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BRAY, RANDALL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

122124 122124

LOCATION

LICENSE TYPE

LICENSE NUMBER DATE ISSUED

EXPRESS

CATEGORIES OF LICENSE

MARINE FOULING

69

122333

02/10/2000 12/31/2000 15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train|e LICENSE NO: 122333 EXPIRES: 12/31/2000 BRAY, RANDALL

C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

UREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 2000 LICENSE RENEWAL APPLICATION

COOK, MANUARD C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999

Mail/Firm Number: 143310 143310 Phone number: FAX number:

		E-mail:
Home A	ddress (if different from above):	Phone number: FAX number: E-mail:
7	city, state, zip) ODA Pesticide Qu	arterly Newsletter notification by E-mail?yesno
		m and make corrections where necessary. RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
MARI	r Category Sub-Cat NE FOULING	egory
REQUIR		o be completed by your Supervising Applicator.
		Phone number:
		FAX number:
	(city, state, zip)	Operator Lic #:
Superv	rising licensed applicator:	
Name	:	App Lic #:
		Signature:

COOK, MANUARD

Lic No: 144652

License Type: 69

Firm No: 143310-143310

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature Minual Cook

Social Security #4/21-56-0068

Date of Birth 3-18 /944

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

UREGUN DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 2000 LICENSE RENEWAL APPLICATION

MORGAN, DENNIS 2000 LICENSE RENEWAL C/O CASCADGE GENERAL INC	APPLICATION
PO BOX 4367	CURRENT LICENSE EXPIRES: 12/31/1999
PORTLAND OR 97208	Mail/Firm Number: 143307 143307
	Phone number:
	FAX number:
	E-mail:
Home Address (if different from above):	
	Phone number:
	FAX number:
	E-mail:
(city, state, zip)	
ODA Pesticide Quarterly Newsl	letter notification by E-mail?yesno
lic Code Please complete this form and make co	orrections where necessary
Lic Code Please complete this form and make constant in the constant of the constant in the co	DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Category	
MARINE FOULING	
REQUIRED INFORMATION - This section is to be complete	nd by your Suponyising Application
REQUIRED INFORMATION - THIS SECTION IS to be complete	ed by your supervising Applicator.
Employer - Company name and address:	
	Phone number:
	FAV number.
	FAX number:
(city, state, zip)	Operator Lic #:
·	
Supervising licensed applicator:	
Name:	App Lic #:
Signature: _	

MORGAN, DENNIS

Lic No: 144649

License Type: 69

Firm No: 143307-143307

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0@ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Social Security # 576-5477452

Date of Birth 10-15-4/

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635

BOWDEN, MARK P



Immediately Supervised Commerc'l Pesticide Trainee 2000 LICENSE RENEWAL APPLICATION

	ADE GENERAL INC				
PO. BOX 4. PORTLAND	367 OR 97208	Ma	CURRENT LICE il/Firm Number: Phone number: FAX number: E-mail:		31/1999
Home Address	(if different from a	bove):	Phone number: FAX number: E-mail:		
(city, s	tate, zip) ODA Pesti	cide Quarterly Newslette	r notification b	y E-mail?yes	no
		his form and make correc WILL BE RETURNED AND DEL			
Major Categ MARINE EOUL	ING	Sub-Category			
REQUIRED INFO	RMATION - This secti	on is to be completed by			
Employer - Co	mpany mame and addre	ss:	Phone numbe	r:	_
			FAX numbe	r:	-
(ci	ty, state, zip)		Operator Lic	#:	
Supervising 1	icensed applicator:				
Name:		Signature:	4. 0. 4	#:	<u>-</u>
200000000000000000000000000000000000000					

BOWDEN, MARK P

Lic No: 073198

License Type: 69

Firm No: 102124-102124

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature Illus Bork

Social Security # <u>543-80-024</u>0

Date of Birth 7-7-58

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEFI OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 2000 LICENSE RENEWAL APPLICATION

ISAKSEN, GARY C/O CASCADE GENERAL INC	2000 LICENSE RENEW	VAL APPLICATION	
PO BOX 4367 PORTLAND OR 97208		CURRENT LICENSE EXPIRE Mail/Firm Number: 143312 14 Phone number: FAX number: E-mail:	
Home Address (if different from	above):	Phone number: FAX number: E-mail:	
(city, state, zip) ODA Pes	ticide Quarterly New	vsletter notification by E-mail?	yesno
Lic Code Please complete 144654-69 INCOMPLETE FORM	S WILL BE RETURNED A	ND DELAY THE ISSUANCE OF YOUR LI	
Major Category MARINE FOULING	Sub-Category		
REQUIRED INFORMATION - This sec Employer - Company name and add	·	eted by your Supervising Applicat	or.
		Phone number:	
		FAX number:	
(city, state, zip)		Operator Lic #:	· · · · · · · · · · · · · · · · · · ·
Supervising licensed applicator	:		
Name:		App Lic #:	
	Signature:		

ISAKSEN, GARY

Lic No: 144654

License Type: 69

Firm No: 143312-143312

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature Lovey R Charles

Social Security # <u>540-42-6209</u>

Date of Birth 4-8-39

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

MOORE, SAM

C/O CASCADE GENERAL INC



Immediately Supervised Commerc'l Pesticide Trainee 2000 LICENSE RENEWAL APPLICATION

PO BOX 4367 PORTLAND OR 97208	CURRENT LICENSE EXPIRES: 12/31/1999 Mail/Firm Number: 122120 122120 Phone number: 503/285-1111 FAX number: E-mail:
Home Address (if different from above	Phone number: \$63-282-8243 FAX number: E-mail:
(city, state, zip) ODA Pesticide	Quarterly Newsletter notification by E-mail?yes χ no
	form and make corrections where necessary. BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub- MARINE FOULING	Category
REQUIRED INFORMATION - This section i Employer - Company name and address:	s to be completed by your Supervising Applicator.
	Phone number:
· · · · · · · · · · · · · · · · · · ·	FAX number:
(city, state, zip)	Operator Lic #:
Supervising licensed applicator:	
Name:	App Lic #:
	Signature:
() I am no longer a pesticide traine Please delete my license.	e.

MOORE, SAM

Lic No: 122329

License Type: 69

Firm No: 122120-122120

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature //

Social Security # <u>4/34</u>-62-6899

Date of Birth 2-21-75

BRAY, RANDALL

C/O CASCADE GENERAL INC



Immediately Supervised Commerc'l Pesticide Trainee 2000 LICENSE RENEWAL APPLICATION

PO BOX 4367 PORTLAND OR 97208	CURRENT LICENSE EXPIRES: 12/31/1999 Mail/Firm Number: 122124 122124 Phone number: 503/285-1111 FAX number: E-mail:
Home Address (if different from above):	Phone number: FAX number: E-mail:
	arterly Newsletter notification by E-mail?yesno
	and make corrections where necessary. RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Cate MARINE FOULING	egory
REQUIRED INFORMATION - This section is to Employer - Company name and address:	be completed by your Supervising Applicator.
CASCADE GENERAL	1NC. Phone number: 503-579-1418
PO BOX 4367 PORTLAND. OR. 970	FAX number:
(city, state, zip)	Operator Lic #: 122333
Supervising licensed applicator: Name: RANGAII R. BRA	App Lic #: Signature: App Lic #: Signature: App Lic #:

() I am no longer a pesticide trainee. Please delete my license.

BRAY, RANDALL

Lic No: 122333

License Type: 69

Firm No: 122124-122124

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Social Security # <u>542-68-997</u>/

Date of Birth 12-30-53



Immediately Supervised Commerc'l Pesticide Trainee 2000 LICENSE RENEWAL APPLICATION

MILLER, LES C/O CASCADE GENERAL INC CURRENT LICENSE EXPIRES: 12/31/1999 PO BOX 4367 PORTLAND OR 97208 Mail/Firm Number: 143313 143313 Phone number: FAX number: F-mail: Home Address (if different from above): Phone number: FAX number: E-mail: (city, state, zip) ODA Pesticide Quarterly Newsletter notification by E-mail? ___yes ___no Lic Code Please complete this form and make corrections where necessary. INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. 144655 - 69 Major Category Sub-Category MARINE FOULING REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: Phone number: FAX number: ____ Operator Lic #: (city, state, zip) Supervising licensed applicator: App Lic #: ____ Name: Signature:

() I am no longer a pesticide trainee. Please delete my license.

MILLER, LES

Lic No: 144655

License Type: 69

Firm No: 143313-143313

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Social Security # <u>538627382</u>

Date of Birth 9-23-57



Immediately Supervised Commerc'l Pesticide Trainee 2000 LICENSE RENEWAL APPLICATION

BROOKS, GEORGE C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999

Mail/Firm Number: 143309 143309 Phone number: FAX number:

•	E-mail:
Home Address (if different from above): (city, state, zip) ODA Pesticide Quarter	Phone number: FAX number: E-mail: rly Newsletter notification by E-mail?yesno
Lic Code Please complete this form and 144651-69 INCOMPLETE FORMS WILL BE RETU	d make corrections where necessary. URNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Category MARINE FOULING	у
REQUIRED INFORMATION - This section is to be Employer - Company name and address:	completed by your Supervising Applicator.
	Phone number:
	FAX number:
(city, state, zip)	Operator Lic #:
Supervising licensed applicator:	
Name:	App Lic #:
Sign	nature:
() I am no longer a pesticide trainee.	

Please delete my license.

BROOKS, GEORGE

Lic No: 144651 License Type: 69

Firm No: 143309-143309

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Social Security #

Date of Birth 7-30-56

UNLOUN DEFT OF AURICULIUKE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



MISHO, RODGER L C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

Commercial Pesticide Applicator 2000 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1999 Mail/Firm Number: 133562 133562 Phone number: 503/285·1111 FAX number:

E-mail:

Home Address (if different from above):	Phone number: FAX number: E-mail:
(city, state, zip) ODA Pesticide Qu	arterly Newsletter notification by E-mail?yesn
	m and make corrections where necessary. RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Certification period: 12/14/1995 - 12/31	/2000
Major Category Sub-Cat	egory
Equipment - check all that apply to your () Aerial () Ground	work: () Chemigation
() license maintained for Home Inspec	tions only. No pesticides are applied

Lic No: 134428 License Type: 68 Firm No: 133562-133562

EMPLOYER INFORMATION				
Company Name: Cascade C	kni	Lio	U, Onc.	
Address: DDD N. CV	rar	me	1 Are	
City, State, Zip: LOY+ Lanc	1,0x	(77217	
Phone Number: 5000' 785	<u> </u>		****	
YOU MUST CHECK ONE OF THE FOLLOWING THAT	APPLIES	TO YO	U:	
I apply pesticides for a Commercial F Complete Employer Information request	Pesticide ted above	e Oper e.	ator. Operator Lice	ense # <u>DIYO</u> [
() I do not work for a Commercial Pestic employers property or commodities. (and zoos.) Complete Employer Informa	(Include:	golf	courses, hospitals,	
() I do not apply pesticides but wish to	o mainta	in my	license. (Fee requir	ed to maintain)
() I am no longer a pesticide applicator	r. Pleas	se del	ete my license.	
LICENSE FEE SCHEDULE	E - Comme	ercial	Pesticide Applicato	r
One Major Category	\$	15.00		\$ 15.00
Additional Major Categories	0 @ \$	7.50	each	0.00
			TOTAL AMOUNT DUE	\$ 15.00
Payme	ent Due 1	By Jan	uary 1	
Signature Koulges J. 7 Justa	<i>/</i> 23			
Social Security # _540-66-40	16		Date of	Birth 12-1-58



WARDELL, RAY K C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

Commercial Pesticide Applicator 2000 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 122119 122119
Phone number: 503/285-1111

FAX number: E-mail:

Home Address (if	different from above):	hone number: FAX number: E-mail:
(city, state	e, zip) ODA Pesticide Quarterly Newsletter no	otification by E-mail?yesno
	Please complete this form and make correction INCOMPLETE FORMS WILL BE RETURNED AND DELAY	
Certification per	riod: 12/14/1995 - 12/31/2000	
Major Category MARINE FOULING		
Equipment check	k all that apply to your work: () Ground () Chemiga	ation ·
() License ma	intained for Home Inspections only. No pestion	cides are applied.

Lic No: 134426

License Type: 68 Firm No: 122119-122119

EMPL	OYER	INFO	RMA'	TION
-------------	------	------	------	------

Company Name: Cascade C Address: Cha City, State, Zip: Portland	Jener nnei DR	al, Onc. Ave anon					
Phone Number:	1111						
YOU MUST CHECK ONE OF THE FOLLOWING THAT	APPLIES TO	YOU:					
I apply pesticides for a Commercial Complete Employer Information reques	I apply pesticides for a Commercial Pesticide Operator. Operator License #(10)401 Complete Employer Information requested above.						
employers property or commodities.) I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my employers property or commodities. (Includes golf courses, hospitals, groundskeepers and zoos.) Complete Employer Information requested above.						
() I do not apply pesticides but wish ${\sf t}$	o maintain	my license. (Fee require	ed to maintain)				
() I am no longer a pesticide applicato	r. Please	delete my license.					
LICENSE FEE SCHEDUL	E - Commerc	ial Pesticide Applicator					
One Major Category	\$ 15	.00	\$ 15.00				
Additional Major Categories	0@ \$ 7	.50 each	0.00				
·		TOTAL AMOUNT DUE	\$ 15.00				
Paym	ent Due By	January 1					
Signature Dy B 42015							
Social Security # 540-42-2383		Date of	Birth 9-19-42				



CLARK, BRUCE E C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

Commercial Pesticide Applicator 2000 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 133564 133564
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if d	ifferent from above):	Phone number: FAX number: E-mail:
(city, state,		y Newsletter notification by E-mail?yesne
		make corrections where necessary. RNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Certification peri	od: 12/14/1995 - 12/31/2000	
Major Category MARINE FOULING	Sub-Category	
Equipment - check () Aerial	all that apply to your work: () Ground	() Chemigation
() License main	tained for Home Inspections	only. No pesticides are applied.

Lic No: 134430

License Type: 68

Firm No: 133564-133564

	d	D	1	n١	/[D	1	٢ĸ	IC	'n	D	м	۸	Т	T	n	٨	ı
r i	٧I	Р		U.	r	ĸ		ľ	I۲		к	M	н	ı	1	u	r	J

company Name: Cascade Gineral, Jnc.									
Address: 5000 N. Unannel Hu									
City, State, Zip: DV+land, Or 97017									
Phone Number: 286-111									
YOU MUST CHECK ONE OF THE FOLLOWING THAT APPLIES TO YOU:									
(I apply pesticides for a Commercial Pesticide Operator. Operator License Complete Employer Information requested above.	# 001401								
() I do not work for a Commercial Pesticide Operator; I only apply pesticides employers property or commodities. (Includes golf courses, hospitals, gro and zoos.) Complete Employer Information requested above.									
() I do not apply pesticides but wish to maintain my license. (Fee required t	o maintain)								
() I am no longer a pesticide applicator. Please delete my license.									
LICENSE FEE SCHEDULE - Commercial Pesticide Applicator									
One Major Category \$ 15.00	\$ 15.00								
Additional Major Categories 0 @ \$ 7.50 each	0.00								
TOTAL AMOUNT DUE	\$ 15.00								
Payment Due By January 1									

Signature \

Social Security # <u>543-58-5974</u>

Date of Birth \$/18/45



Commercial Pesticide Applicator 2000 LICENSE RENEWAL APPLICATION

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999 Mail/Firm Number: 133563 133563 Phone number: 503/285-1111 FAX number:

E⋅mail:

Home Address (it	f different from above):	Phone number: FAX number: E-mail:	
(city, stat		Newsletter notification by E-mail?yes	no
Lic Code 134429-68	Please complete this form and ma INCOMPLETE FORMS WILL BE RETURNE	ke corrections where necessary. D AND DELAY THE ISSUANCE OF YOUR LICENSE.	
Certification pe	eriod: 12/14/1995 - 12/31/2000		200000
Major Category MARINE FOULING	•		00.000
Equipment - chec () Aerial	ck all that apply to your work: () Ground	() Chemigation	
() License ma	aintained for Home Inspections on	ly. No pesticides are applied.	

Lic No: 134429 License Type: 68 Firm No: 133563-133563

EMPLOYER INFORMATION

	Company Name: CABRADE GONERAL								
Address: 5555 A. CHANNEZ AVE-									
	Phone Number: (503) 247-1871								
-	MUST CHECK ONE OF THE FOLLOWING THAT APPLIES TO YOU:								
\$	I apply pesticides for a Commercial Pesticide Operator. Operator License # CONTROL Complete Employer Information requested above.								
	I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my employers property or commodities. (Includes golf courses, hospitals, groundskeepers and zoos.) Complete Employer Information requested above.								
()) I do not apply pesticides but wish to maintain my license. (Fee required to maintain)								
()	I am no longer a pesticide applicator. Please delete my license.	•							
2000000									
	LICENSE FEE SCHEDULE - Commercial Pesticide Applicator	·							
0ne	Major Category \$ 15.00	\$ 15.00							
Add [,]	itional Major Categories 0 @ \$ 7.50 each	0.00							
	TOTAL AMOUNT DUE	\$ 15.00							
Payment Due By January 1									
Sig	nature Julius Allen								
Soc	ial Security # 556-61-450 Date of Bir	rth 12-15-64							



WILLINGHAM, JOEL C C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

Commercial Pesticide Applicator 2000 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 122117 122117
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if	f different from above): Phone number: FAX number: E-mail:	
(city, stat	te, zip) ODA Pesticide Quarterly Newsletter notification by E-m	ail?yesno
Lic Code 134424-68	Please complete this form and make corrections where necessary INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YO	
Certification pe	eriod: 12/14/1995 - 12/31/2000	***************************************
Major Category MARINE FOULING		
Equipment - chec () Aerial	ck all that apply to your work: () Ground () Chemigation	
() License ma	aintained for Home Inspections only. No pesticides are applied.	

Lic No: 134424 License Type: 68 Firm No: 122117-122117

EMPLOYER INFORMATION

	Company Name:	Cascade	General I	ncorper	ated			
	Address:	5555 N.	Channal Ave	-,				
	City, State, Zi	ip: Portla	nd Oregon 97	217_		·		
	Phone Number: _						•	
YOU	MUST CHECK ONE	OF THE FOLLOW	ING THAT APPLI	ES TO YO	U:			
ζX								
()) I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my employers property or commodities. (Includes golf courses, hospitals, groundskeepers and zoos.) Complete Employer Information requested above.							
()	I do not apply	pesticides bu	nt wish to main	tain my	license. (Fe	ee required t	to maintain)	
()	() I am no longer a pesticide applicator. Please delete my license.							
		LICENSE FEE	SCHEDULE - Co	mmercial	Pesticide A	Applicator		******
0ne	Major Category			\$ 15.00			\$ 15.00	
Add	itional Major Ca	ategories	0 @	\$ 7.50	each		0.00	
					TOTAL AMOUN	NT DUE	\$ 15.00	
			Payment Du	e By Jan	uary 1		·	
Sig	nature <u>Jol</u> u ial Security#_	Ellingham						*******
Soc	ial Security#_	544 88 18	90_			Date of Bi	rth 3/2/62	_



PRINTED: 11/16/1999

Commercial Pesticide Applicator TRAINING REPORT

CLARK, BRUCE E PO BOX 4367 PORTLAND OR 97208

Firm #: 133564 County: MULTNOMAH

Phone: 503/285-1111

License #: 134430 Type: 68

Certification Begin:

12/14/1995

Initiated:

01/04/1996 01/27/1999

Certification End:

12/31/2000

Renewed: Expiration:

12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session # Type Date

Description

No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

		Year 2 01/01/1997 12/31/1997			Year 5 01/01/2000 12/31/2000	Total Hours
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

⁰ credit hours out of the 40 required credit hours have been completed. * * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.



PRINTED: 11/16/1999

Commercial Pesticide Applicator TRAINING REPORT

MISHO, RODGER L PO BOX 4367 PORTLAND OR 97208

Firm #: 133562 County: MULTNOMAH Phone: 503/285-1111

License #: 134428 Type: 68

Certification Begin: Certification End:

12/14/1995

Renewed: 12/31/2000

01/04/1996

Expiration:

Initiated:

01/27/1999 12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session # Type

Description Date

City

No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

		Year 2 01/01/1997 12/31/1997			Year 5 01/01/2000 12/31/2000	Total Hours
Hours Attended	. 0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

O credit hours out of the 40 required credit hours have been completed. * * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

POST THIS LICENSE IN A CONSPICUOUS PLACE

FIRM NO.

LICENSEE

COOK, MANUARD

C/O CASCADE GENERAL INC '

PO BOX 4367

PORTLAND, OR 97208

143310 143310

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE **ISSUED**

EXPIRES

CATEGORIES OF LICENSE

MARINE FOULING

69

144652

01/25/1999 12/31/1999

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train e

LICENSE NO: 144652

EXPIRES: 12/31/1999

COOK, MANUARD

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

144652-69

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MOORE. SAM

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

122120 122120

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE

MARINE FOULING

69

122329

01/25/1999 12/31/1999

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Train e
LICENSE NO: 122329 EXPIRES: 12/31/1999

MOORE, SAM

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE MARINE FOULING

122329-69

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BRAY, RANDALL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

122124 122124

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER ISSUED

DATE **EXPIRES** CATEGORIES OF LICENSE

MARINE FOULING

69

122333

01/25/1999 12/31/1999

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train|e

BRAY. RANDALL

C/O CASCADE GENERAL INC

PO BOX 4367

LICENSE NO: 122333

PORTLAND, OR 97208

CATEGORIES OF LICENSE

122333-69

EXPIRES: 12/31/1999

MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BROOKS, GEORGE

C/O CASCADE GENERAL INC PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

143309 143309

BUSINESS LOCATION

LICENSE TYPE LICENSE

DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE

MARINE FOULING

69 144651

01/25/1999 12/31/1999

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Train e
LICENSE NO: 144651 EXPIRES: 12/31/1999

BROOKS, GEORGE C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND. OR 97208

CATEGORIES OF LICENSE MARINE FOULING

144651-69

POST UPPER PART IN A CONSPICUOUS PLACE.

OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MILLER. LES

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

143313 143313

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE ISSUED DATE

EXPIRES

CATEGORIES OF LICENSE MARINE FOULING

69

144655

01/25/1999 12/31/1999

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Trainle LICENSE NO: 144655 EXPIRES: 12/31/1999

MILLER. LES

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

144655-69

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WARDELL, RAY K C/O CASCADE GENERAL PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

122119 122119

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

68

134426

01/27/1999 12/31/1999

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator LICENSE NO: 134426 EXPIRES: 12/31/1999

WARDELL, RAY K C/O CASCADE GENERAL PO BOX 4367 PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134426-68

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WILLINGHAM, JOEL C C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

122117 122117

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

สล

134424

01/27/1999 12/31/1999

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134424 EXPIRES: 12/31/1999
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134424-68

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MISHO, RODGER L C/O CASCADE GENERAL INC PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

133562 133562

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

68

134428

01/27/1999 12/31/1999

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134428 EXPIRES: 12/31/1999
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND. OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134428-68

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BOWDEN, MARK P C/O CASCADE GENERAL INC PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

102124 102124

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER

ISSUED

EXPIRES

CATEGORIES OF LICENSE MARINE FOULING

69

73198

01/25/1999 12/31/1999

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train e LICENSE NO: 73198 EXPIRES: 12/31/1999 BOWDEN, MARK P

C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

73198-69

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

133563 133563

BUSINESS LOCATION

LICENSE TYPE LICENSE

DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE

MARINE FOULING

68 134429

01/27/1999 12/31/1999 15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134429 EXPIRES: 12/31/1999
PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134429-68

POST UPPER PART IN A CONSPICUOUS PLACE.

OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MORGAN. DENNIS

C/O CASCADGE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

143307 143307

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE ISSUED DATE **EXPIRES** CATEGORIES OF LICENSE

MARINE FOULING

69 144649

01/25/1999 12/31/1999 15.00 Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train|e LICENSE NO: 144649 EXPIRES: 12/31/1999

MORGAN, DENNIS C/O CASCADGE GENERAL INC PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

144649-69

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

O'BRIEN, ROBERT L C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND. OR 97208 FIRM NO.

122116 122116

BUSINESS LOCATION

LICENSE LICENSE NUMBER

DATE

DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

68

134425

01/27/1999 12/31/1999

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134425 EXPIRES: 12/31/1999
O'BRIEN, ROBERT L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND. OR 97208

CATEGORIES OF LICENSE 134425-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CROOMS, MITCHEL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

143308 143308

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE ISSUED DATE **EXPRESS**

CATEGORIES OF LICENSE MARINE FOULING

69

144650

05/04/1999 12/31/1999

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train|e LICENSE NO: 144650 EXPIRES: 12/31/1999 CROOMS, MITCHEL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE

144650-69

MARINE FOULING



Commercial Pesticide Applicator 1999 LICENSE RENEWAL APPLICATION

WILLINGHAM, JOEL C C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 122117 122117
Phone number: 503/285-1111
FAX number:

Home Address (if different from above): Phone number: FAX number: (city, state, zip) Lic Code Please complete this form and make corrections where necessary. INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. 134424-68 Certification period: 12/14/1995 - 12/31/2000 Major Category Sub-Category MARINE FOULING Equipment - check all that apply to your work:
 () Air - fixed wing () Ground - machine powered equipment () Ground - hand powered equipment () Air - helicopter () Ground - chemigation



Commercial Pesticide Applicator 1999 LICENSE RENEWAL APPLICATION

O'BRIEN, ROBERT L C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 122116 122116
Phone number: 503/285-1111
FAX number:

Home Address (if different f	rom above):	: Phone number: FAX number:				
<u> </u>	· · · · · · · · · · · · · · · · · · ·	3				
(city, state, zip)						
		make corrections where necessary. WED AND DELAY THE ISSUANCE OF YOUR LICENSE.				
Certification period: 12/14/	1995 - 12/31/2000					
Major Category MARINE FOULING	Sub-Category					
Equipment - check all that a () Air - fixed wing () Air - helicopter	pply to your work:	() Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation				



MISHO, RODGER L C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

Commercial Pesticide Applicator 1999 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1998 Mail/Firm Number: 133562 133562

Phone number: 503/285-1111 FAX number:

Home Address (if differen	t from above):	Phone number: FAX number:	
(city, state, zip)		••	
	mplete this form and make E FORMS WILL BE RETURNED A		
Certification period: 12/	14/1995 - 12/31/2000		
Major Category MARINE FOULING	Sub-Category		e e et este Tomos tentos este totales
Equipment - check all tha () Air - fixed wing () Air - helicopter	() Ground - machine powe) Ground - hand powered) Ground - chemigation	equipment



WARDELL, RAY K C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

Commercial Pesticide Applicator 1999 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1998 Mail/Firm Number: 122119 122119

Phone number: 503/285-1111

	above):	Dhono	numbon.		
	· · · · · · · · · · · · · · · · · · ·		number: number:		
	<u> </u>	•			
(city, state, zip)					11
	this form and make co WILL BE RETURNED AND				2
Certification period: 12/14/1995	- 12/31/2000			rangan dan salah sal Salah salah sa	r .
TO DESCRIPTION OF THE PROPERTY					25
Major Category MARINE FOULING	Sub-Category		.,		



CLARK, BRUCE E C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

Commercial Pesticide Applicator 1999 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 133564 133564
Phone number: 503/285-1111

Home Address (if different from	above):		number: number:		
(city, state, zip)					
Lic Code Please complete 134430-68 INCOMPLETE FORMS					SE.
Certification period: 12/14/1995	- 12/31/2000			***************************************	
Major Category MARINE FOULING	Sub-Category				**************************************
Equipment - check all that apply () Air - fixed wing () Air - helicopter	to your work:	() Ground - m () Ground - h		ed equipme	nt



Commercial Pesticide Applicator 1999 LICENSE RENEWAL APPLICATION

COATES, ROBERT K C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 133561 133561
Phone number: 503/285-1111

Home Address (if differen	nt from above):		number:	
	<u> </u>			٠.
(city, state, zip)	<u> </u>			
	omplete this form and make TE FORMS WILL BE RETURNED			
Certification period: 12	/14/1995 - 12/31/2000			
Major Category MARINE FOULING	Sub-Category			
Equipment - check all that () Air - fixed wing () Air - helicopter	at apply to your work:	() Ground - ma () Ground - ha () Ground - ch	and powered equ	



Commercial Pesticide Applicator 1999 LICENSE RENEWAL APPLICATION

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 133563 133563
Phone number: 503/285-1111

Home Address (if different	t from above):	 number: number:	
(city, state, zip)			
	mplete this form and ma FORMS WILL BE RETURNE		NSE.
Certification period: 12/	14/1995 - 12/31/2000		
Major Category MARINE FOULING	Sub-Category		
Equipment - check all that () Air - fixed wing () Air - helicopter	t apply to your work:	achine powered equipme and powered equipment nemigation	ent



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

MOORE, SAM C/O CASCADE GENERAL INC PO BOX 4367

PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998

Mail/Firm Number: 122120 122120 Phone number: 503/285-1111 FAX number:

		TAX TOMOCT :	
Home Address (if different from (city, state, zip)	above):	Phone number: FAX number:	
Lic Code Please complete 122329-69 INCOMPLETE FORM	this form and make S WILL BE RETURNED /	corrections where necessary. AND DELAY THE ISSUANCE OF YOUR LICENSE.	
Major Category MARINE FOULING	Sub-Category		
Equipment - check all that appl () Air - fixed wing () Air - helicopter	. (() Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation	·····
REQUIRED INFORMATION - This sec	tion is to be comple	eted by your Supervising Applicator.	
Employer - Company name and add	ress:		
Careado Cyner	al, Dinc	Phone number:	
5055 N. Channe	2 Au	FAX number:	
Povaland Occar (city, state, zip)		Operator Lic #:	. ,
Supervising licensed applicator	: ,		
Name: Scall L. Prin	다.反 Signature:	App Lic. #:	
() I am no longer a pesticide Please delete my license.	trainee or employed	by a public entity.	

(Continued on back)

MOORE, SAM

Lic No: 122329

License Type: 69

Firm No: 122120-122120

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0@ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature ___

misor

Social Security # <u>\(\sigma 34 - 62 - 6899\)</u>

Date of Birth 1-14-99

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

BROOKS, GEORGE



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

C/O CASCADE GENERAL INC PO BOX 4367 CURRENT LICENSE EXPIRES: 12/31/1998 PORTLAND OR 97208 Mail/Firm Number: 143309 143309 Phone number: FAX number: Home Address (if different from above): Phone number: FAX number: (city, state, zip) Lic Code Please complete this form and make corrections where necessary. INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. Major Category Sub-Category MARINE FOULING Equipment - check all that apply to your work: () Air - fixed wing () Air - helicopter () Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: oseale General, Onc. Phone number: 285-1111 Channel Au FAX number: 2474050 <u>POWIANA, OKAM</u> (city, state, zip) Operator Lic #: CONJOL Supervising licensed applicator: Name: Scott L App Lic #: 13442º Signature: () I am no longer a pesticide trainee or employed by a public entity. Please delete my license.

(Continued on back)

BROOKS, GEORGE

Lic No: 144651

License Type: 69

Firm No: 143309-143309

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Social Security # 567-3

Date of Birth 1-30-5

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

	1999 LICENSE RENEWA	L APPLICATION	
C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208		CURRENT LICENSE Mail/Firm Number: 1221 Phone number: 503/2 FAX number:	
Home Address (if different from al	oove):	Phone number: FAX number:	
(city, state, zip)		,	
		corrections where necessar ND DELAY THE ISSUANCE OF YO	
Major Category MARINE FOULING	Sub-Category		`
Equipment - check all that apply () Air - fixed wing () Air - helicopter	() Ground - machine powered) Ground - hand powered ed) Ground - chemigation	
REQUIRED INFORMATION - This section	·	ed by your Supervising App	plicator.
Employer - Company name and address		_ Phone number: ⊊)gr5-1111
555 N. Channel		FAX number: 2	
City, state, zip)		 Operator Lic #: خ	
Supervising licensed applicator:			
Name: Soil d. TELTIE	R	App Lic #: 13	34429
•	Signature/	MICH	
() I am no longer a pesticide tr Please delete my license.	ainee or employed b	by a public entity.	

BRAY, RANDALL

Lic No: 122333

License Type: 69

Firm No: 122124-122124

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature X

Social Security # 542-68-9471

Date of Righ

12-30-53

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.



Immediately Supervised Commerc'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

COOK, MANUARD C/O CASCADE GENERAL INC CURRENT LICENSE EXPIRES: 12/31/1998 PO BOX 4367 Mail/Firm Number: 143310 143310 PORTLAND OR 97208 Phone number: FAX number: Home Address (if different from above): Phone number: FAX number: (city, state, zip) Please complete this form and make corrections where necessary. 144652-69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. Major Category Sub-Category MARINE FOULING Equipment - check all that apply to your work:
 () Air - fixed wing () Ground - machine powered equipment () Ground - hand powered equipment () Air - helicopter () Ground - chemigation REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: Phone number: 25-1111 FAX number: 247-6050 (city, state, zip) Operator Lic #: COLLOI Supervising licensed applicator:

() I am no longer a pesticide trainee or employed by a public entity. Please delete my license.

Signature:

COOK, MANUARD

Lic No: 144652

License Type: 69

Firm No: 143310-143310

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Minuard Cook

Social Security # 421-56-068

Date of Birth 3/8

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

MILLER, LES C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998

Mail/Firm Number: 143313 143313 Phone number:

·	FAX number:
Home Address (if different from above):	Phone number: FAX number:
(city, state, zip) Lic Code Please complete this form and 144655-69 INCOMPLETE FORMS WILL BE RETUR	make corrections where necessary. NED AND DELAY THE ISSUANCE OF YOUR LICENSE.
144033.03 INCOMPLETE FORMS WILL BE KLICK	NED AND DELAT THE ISSUANCE OF TOOK LICENSE.
Major Category Sub-Category MARINE FOULING	
Equipment - check all that apply to your work: () Air - fixed wing () Air - helicopter	() Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation
REQUIRED INFORMATION - This section is to be c	ompleted by your Supervising Applicator.
Employer - Company name and address:	
Coxado anosal, Onc.	Phone number: <u>386-1111</u>
5005 N. Channel Aw	FAX number: <u>2417-10050</u>
Paidland, Quam anoir (city, state, zip)	Operator Lic #: Ooluol
Supervising licensed applicator:	
Name: Scott L. FELTIER	App Lic #: 134129
Signa	turg: Med S. S.
() I am no longer a pesticide trainee or empl Please delete my license.	oyed by a public entity.

MILLER, LES

Lic No: 144655

License Type: 69

Firm No: 143313-143313

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0@ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Social Security # 538627382

Date of Birth 9-2

9-23-57

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

ISAKSEN, GAI	RY	
C/O CASCADE	GENERAL	INC
PO BOX 4367		
PORTLAND OR	97208	

CURRENT LICENSE EXPIRES: 12/31/1998

PORTLAND OR 97208	Mail/Firm Number: 143312 143312 Phone number: FAX number:
Home Address (if different from above):	Phone number: FAX number:
(city, state, zip)	
ic Code Please complete this form and ma 144654-69 INCOMPLETE FORMS WILL BE RETURNE	ke corrections where necessary. D AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Category MARINE FOULING	
Equipment - check all that apply to your work: () Air - fixed wing () Air - helicopter	() Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation
REQUIRED INFORMATION - This section is to be com	pleted by your Supervising Applicator.
Employer - Company name and address: Cascade General, Inc. The H Channel, Anc.	Phone number: 25-1111 FAX number: 47-6050
(city, state, zip)	Operator Lic #: CONDI
Supervising licensed applicator:	
Name: Scort L. FEITIER	App Lic #: 134429
Signatu	rg: Add Delica
() I am no longer a pesticide trainee or employ Please delete my license	ed by a public entity.

(Continued on back)

ISAKSEN, GARY

Lic No: 144654

License Type: 69

Firm No: 143312-143312

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Social Security # 540-42-6209

Date of Birth 4-8-39

Make remittance payable to Oregon Department_of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

MORGAN, DENNIS C/O CASCADGE GENERAL INC	1999 LICENSE RENEWA	AL APPLICATION	
PO BOX 4367 PORTLAND OR 97208	·	CURRENT LICENSE EX Mail/Firm Number: 143307 Phone number: FAX number:	
Home Address (if different from	a above):	Phone number: FAX number:	4 · · · · · · · · · · · · · · · · · · ·
(city, state, zip)			
Lic Code Please complete 144649-69 INCOMPLETE FORM	this form and make on the terminal of the term	corrections where necessary. ND DELAY THE ISSUANCE OF YOU	R LICENSE.
Major Category MARINE FOULING	Sub-Category		
Equipment - check all that appl () Air - fixed wing () Air - helicopter	() Ground - machine powered equ) Ground - hand powered equ) Ground - chemigation	
REQUIRED INFORMATION - This sec	ction is to be complet	ed by your Supervising Appl	icator.
Employer - Company name and add	iress:		
Casiade Gine	ral, Unc.	Phone_number: <u>a</u>	85-1111
5000 N. Chan	nel Ac	FAX number: 24	1-4050
fortland, Overso (city, state, zip)	n anzin	Operator Lic #: (TC)	1401
Supervising licensed applicator	•		
Name: Scott L. YELL	TER	App Lic #: 13:1	429
	Signature:	MIT TO	2
() I am no longer a pesticide Please delete my license.	trainee or employed b	by a public entity.	•

MORGAN, DENNIS

Lic No: 144649

License Type: 69

Firm No: 143307-143307

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature C

Social Security # 576-54/

Date of Birth 10-15-4/

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.



Immediately Supervised Commerc'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

BOWDEN, MARK P C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998

Mail/Firm Number: 102124 102124 Phone number: 503/285-9706 FAX number:

Home Address (if different from above): Phone number: FAX number: (city, state, zip) Please complete this form and make corrections where necessary. Lic Code INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. 073198-69 Sub-Category Major Category MARINE FOULING Equipment - check all that apply to your work:
 () Air - fixed wing () Ground - machine powered equipment () Air - helicopter () Ground - hand powered equipment () Ground - chemigation REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: Cuscade General, Inc Phone number: 25-1111 The N. Channel Arc FAX number: 24ワーレびむ HoHand, Ovam grain (city, state, zip) Operator Lic #: COIHOI Supervising licensed applicator: App Lic #: 1 2년 125 Signature: () I am no longer a pesticide trainee or employed by a public entity. Please delete my license.

BOWDEN, MARK P

Lic No: 073198

License Type: 69

Firm No: 102124-102124

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature Mart P Bout

Social Security # <u>543-80-0240</u>

Date of Birth 7-7-58

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

FORM 1014 REV-5/93 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM: OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEF

BROOKS. GEORGE

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

143309 143309

BUSINESS LOCATION

CATEGORIES OF LICENSE MARINE FOULING

LICENSE TYPE 6.9

LICENSE NUMBER

DATE ISSUED

FXPIRES

144651

03/11/1998 12/31/1998 15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Immediately Supervised Comc'l Pesticide Train e

LICENSE NO. 144651 EXPIRES: 12/31/1998

BROOKS, GEORGE

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE MARINE FOULING

144651-69

FORM 1014 REV. 5/93 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

BRAY, RANDALL

122124 122124

LICENSEE

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

BUSINESS LOCATION

FIRM NO.

CATEGORIES OF LICENSE MARINE FOULING

LICENSE TYPE

LICENSE NUMBER

DATE ISSUED

EXPIRES

03/11/1998 12/31/1998 15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Immediately Supervised Comc'l Pesticide Train e

LICENSE NO: 122333 EXPIRES: 12/31/1998

BRAY, RANDALL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE 122333-69 MARINE FOULING

FORM 1014 REV. 5/93 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

BOWDEN MARK P

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO

102124 102124

BUSINESS LOCATION

CATEGORIES OF LICENSE MARINE FOULING

CENSE

LICENSE DATE NUMBER ISSUED

EXPIRES

69 73198 03/11/1998 12/31/1998 15.00 Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Immediately Supervised Comc'l Pesticide Trainle EXPIRES: 12/31/1998 LICENSE NO. 73198

BOWDEN, MARK P

C/O CASCADE GENERAL INC

PO-BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE 73198-69

ORM 1014 REV. 5/93 OREGON DEPARTMENT OF AGRICULTURE 35 CAPITOL STREET NE SALEM OR 97310-0110 03) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

CLARK, BRUCE E

C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

133564 133564

BUSINESS 1

CATEGORIES OF LICENSE MARINE FOULING

ICENSE DATE NUMBER

DATE

ISSUED

EXPIRES

68 134430 03/11/1998 12/31/1998 15.00

Yommercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Commercial Pesticide Applicator

LICENSE NO: 134430 EXPIRES: 12/31/1998

CLARK, BRUCE E C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE

134430-68

MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

GON DEPARTMENT OF AGRICULTURE CAPITOL STREET NE

POST THIS LICENSE IN A CONSPICUOUS PLACE

COOK. MANUARD

C/O CASCADE GENERAL INC

PO/BOX 4367

PORTLAND, OR 97208

143310 143310

BUSINESS LOCATION

CATEGORIES OF LICENSE MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL

PURCHASES AND USE.

DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE

ENSE LICENSE DATE LE NUMBER ISSUED

ISSUED

EXPIRES

144652 03/11/1998 12/31/1998 15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train e

LICENSE NO: 144652 EXPIRES: 12/31/1998

COOK, MANUARD

C/O CASCADE GENERAL INC

POLBOX 4367 PORTLAND FOR 97208

CATEGORIES OF LICENSE

MARTHE FOULTIG

COREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

COATES, ROBERT K ICENSEE

C/O CASCADE GENERAL PO BOX 4367 PORTLAND, OR 97208

15.00 EXPIRES 03/11/1998 12/31/1998 LICENSE LICENSE NUMBER FYRE 134423 Connercial Pesticide Applicator License CERTIFICATION PERIOD: 12/14/1995-12/31/2000

133561 133561

BUSINESS LOCATION

CATEGORIES OF LICENSE MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Connercial Pesticide Applicator EXPIRES: 12/31/1998 LICENSE NO. 134423

COATES, ROBERT K C/O CASCADE GENERAL PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

134423-68 CANEGORIES OF LICENSE

TEGORIES OF THE MARTINE PROPERTY.

1014 REV. 5/93 REGON DEPARTMENT OF AGRICULTURE 5 CAPITOL STREET NE MEMI OR: 97310-0110

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MISHO, RODGER L C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

FIRM NO.

133562 133562

BUSINESS -LOCATION

CATEGORIES OF LICENSE MARINE FOULING

UCENSE TYPES NUMBER

DATE ISSUED

EXPIRES

03/11/1998 12/31/1998 15.00

6828242134428 Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator

LICENSE NO: 134428 EXPIRES: 12/31/1998

MISHO, RODGER L

C/O CASCADE GENERAL INC

PO BOX 4367

FORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE MARINE FOULING

134428-68

FORM 1014 REV. 5/93 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

O'BRIEN, ROBERT L C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

122116 122116

BUSINESS LOCATION

CATEGORIES OF LICENSE MARINE FOULING

LICENSE DATE
TYPE NUMBER ISSUED

DATE EXPIRES

68 134425 03/11/1998 12/31/1998 15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Commercial Pesticide Applicator

LICENSE NO: 134425 EXPIRES: 12/31/1998

O'BRIEN, ROBERT L

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE

134425-68

MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

OREGON DEPARTMENT OF AGRICULTURE 35 CAPITOL STREET NE ALEM OR 97310-0110

POST THIS LICENSE IN A CONSPICUOUS PLACE

MILLER. LES

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO

143313 143313

BUSINESS LOCATION -

CATEGORIES OF LICENSE MARINE FOULING

ICENSE LICENSE YRE NUMBER

DATE ISSUED

69 144655 03/11/1998 12/31/1998 15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train e SETCENSE NO. 144655 EXPIRES: 12/31/1998 MILLER, LES

C/O CASCADE GENERAL INC PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

ACORDES OF LICENSE

144655-69

A TOTAL PRODUTING

FORM 1014 REV. 5/93 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MOORE, SAM

C/O CASCADE GENERAL INC. PO BOX 4367

PORTLAND, OR 97208

122120 122120

CATEGORIES OF LICENSE MARINE FOULING

EXPIRES

122329 03/11/1998 12/31/1998 15.00

Immediately Supervised Comc 1 Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Immediately Supervised Comc'l Pesticide Train e LICENSE NO: 122329 EXPIRES: 12/31/1998

MOORE, SAM

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

122329-69

POST UPPER PART IN A CONSPICUOUS PLACE

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

REGON: DEPARTMENT, OF AGRICULTURE 35 CAPITOL STREET NE SALEM OR 97310-0110

POST THIS LICENSE IN A CONSPICUOUS PLACE

JENSEN, CARRY C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

FIRM NO.

143311 143311

GENSE LICENSE DATE DATE TYPE NUMBER ISSUED EXPIRES

CATEGORIES OF LICENSE MARINE FOULING

69 144653 03/11/1998 12/31/1998 15.00

Inmediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Trainle LICENSE NO. 144653 EXPIRES: 12/31/1998

JENSEN, CARRY

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND: OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICION PURCHASES AND USE.

CATEGORIES OF LICENSE 144653-69 MARTNE FOULING

OREGONIDEPARTMENT OF AGRICULTURE

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

ISAKSEN, GARY C/O CASCADE GENERAL INC PO BOY 4367 PORTLAND, OR 97208

LICENSE"

DATE DATE EXPIRES ISSUED 03/11/1998 12/31/1998 15.00 Immediately Supervised Comc | Pesticide Trainee License

144654-69

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Come 1 Pesticide Train e LICENSE NO: 144654 EXPIRES: 12/31/1998 ISAKSEN, GARY C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE

MARINE FOULING

CATEGORIES OF LICENSE MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE, PURCHASES AND USE

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WARDELL, RAY K C/O CASCADE GENERAL PO BOX 4367 PORTLAND, OR 97208 FIRM NO.

122119 122119

BUSINESS

MARINE FOULING

LICENSI

LICENSE

DATE

DATE

68

134426

03/11/1998 12/31/1998

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Commercial Pesticide Applicator

LICENSE NO: 134426

EXPIRES: 12/31/1998

WARDELL, RAY K

C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE

CATEGORIES OF LICENSE

134426-68

MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CROOMS, MITCHEL C/O CASCADE GENERAL INC

PO BOX-4367

PORTLAND, OR 97208

FIRM NO.

143308 143308

BUSINESS LOCATION

CATEGORIES OF LICENSE MARINE FOULING

LICENSE

LICENSE NUMBER

69 144650

ISSUED

EXPIRES

03/11/1998 12/31/1998 15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Inmediately Supervised Comc'l Pesticide Trainie LICENSE NO: 144650 EXPIRES: 12/31/1998

CROOMS, NITCHEL C/O CASCADE GENERAL INC PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE MARINE FOULING

144650-69

FORM 1014 REV. 5/93 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367

133563 133563

PORTLAND, OR 97208

CATEGORIES OF LICENSE

DAIE ISSUED

MARINE FOULING

134429 03/11/1998 12/31/1998

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Commercial Pesticide Applicator

LICENSE NO. 134429 EXPIRES: 12/31/1998

PELTIER, SCOTT L C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLAC

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE MARINE FOULING

134429-68

FORM 1014 REV. 5/93 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

RAIMER, JIMMY V C/O CASCADE GENERAL PO BOX 4367 PORTLAND, OR 97208

FIRM NO.

122118 122118

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER

DATE ISSUED

CATEGORIES OF LICENSE MARINE FOULING

134427

03/11/1998 12/31/1998

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator LICENSE NO. 134427 EXPIRES: 12/31/1998

RAIMER, JIMMY V C/O CASCADE GENERAL PO BOX 4367 PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134427-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WILLINGHAM, JOEL C C/O CASCADE GENERAL PO BOX:4367 PORTLAND, OR 97208

122117 122117

LOCATION

CATEGORIES OF LICENSE MARINE FOULING

LICENSE LICENSE TYPE NUMBER

DATE ISSUED

EXPIRES

134424 03/11/1998 12/31/1998

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator LICENSE NO. 134424 EXPIRES: 12/31/1998

WILLINGHAM, JOEL C C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE!

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE

134424-68

MARINE FOULING

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



PRINTED: 11/15/1997

Commercial Pesticide Applicator TRAINING REPORT

CLARK, BRUCE E 5555 N CHANNEL AVE PORTLAND OR 97217

Firm #: 133564 County: MULTNOMAH Phone: 503/285-1111

License #: 134430 Type: 68

Certification Begin:

12/14/1995

Initiated: Renewed:

01/04/1996 04/01/1997

Certification End:

12/31/2000

Expiration:

12/31/1997

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session # Type Date

Description

City

St Cr

No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1 12/14/1995 12/31/1996		Year 3 01/01/1998 12/31/1998		Year 5 01/01/2000 12/31/2000	Total Hours
Hours Attended	. 0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

⁰ credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.



CLARK, BRUCE E	L1C NO: 134430	License Type: 68	F17III NO: 133504-133504
Equipment - check all that apply () Air - fixed wing () Air - helicopter	y to your work:	() Ground - machine () Ground - hand pow () Ground - chemigat	vered equipment
LICENSE FE	E SCHEDULE - Comme	rcial Pesticide Applio	cator
One Major Category	\$	15.00	\$ 15.00
Additional Major Categories	0 @ \$	7.50 each	0.00
		TOTAL AMOUNT OW	ED \$ 15.00
			•.
Signature			•
Social Security #		Date	e of Birth

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



Commercial Pesticide Applicator 1998 LICENSE RENEWAL APPLICATION

CLARK, BRUCE E C/O CASCADE GENERAL 5555 N CHANNEL AVE PORTLAND OR 97217

CURRENT LICENSE EXPIRES: 12/31/1997 Mail/Firm Number: 133564 133564 Phone number: 503/285-1111

FAX number:

Home Address (if di	fferent from above):	Phone number: FAX number:	
(city, state,	zip)		•••••
Lic Code 134430-68	INCOMPLETE FORMS	his form and make corrections where necessary. WILL DELAY THE ISSUANCE OF YOUR LICENSE AND WILL U FOR COMPLETION.	L
Certification period	d: 12/14/1995 - 12/31,	2000	
Major Category MARINE FOULING	Sub-Cate	gory	

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



PELTIER, SCOTT L C/O CASCADE GENERAL 5555 N CHANNEL AVE PORTLAND OR 97217

Commercial Pesticide Applicator 1998 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1997 Mail/Firm Number: 133563 133563 Phone number: 503/285-1111

FAX number: 50.

Home Address (if different from above): Phone number: FAX number:	
(city, state, zip)	
Lic Code Please complete this form and make corrections where nece 134429-68 INCOMPLETE FORMS WILL DELAY THE ISSUANCE OF YOUR LICENSE BE RETURNED TO YOU FOR COMPLETION.	
Certification period: 12/14/1995 - 12/31/2000	

Sub-Category



PELITER, SCOTT L	L1C NO: 134429	License Type: 68	F1rm NO: 133563-133563
Equipment - check all that appl () Air - fixed wing () Air - helicopter	y to your work:	() Ground - machine p () Ground - hand powe () Ground - chemigati	ered equipment
LICENSE FE	E SCHEDULE - Comme	ercial Pesticide Applica	ator
One Major Category	\$	15.00	\$ 15.00
Additional Major Categories	0 @ \$	7.50 each	0.00
		TOTAL AMOUNT OWED	\$ 15.00
Signature			
Social Security #		Date	of Birth

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



PRINTED: 11/15/1997

Commercial Pesticide Applicator TRAINING REPORT

PELTIER, SCOTT L 5555 N CHANNEL AVE PORTLAND OR 97217

Hours Attended

Hours Credited

0

0 .

Firm #: 133563 County: MULTNOMAH Phone: 503/285-1111

0

0

License #: 134429 Type: 68 Initiated: 01/04/1996 Certification Begin: 12/14/1995 Renewed: 04/01/1997 Certification End: 12/31/2000 Expiration: 12/31/1997 APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING Session # Type Date Description City No courses have been taken. TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000 Year 1 Year 2 Year 3 Year 4 Year 5 From --> 12/14/1995 01/01/1997 01/01/1998 01/01/1999 01/01/2000 Total Thru --> 12/31/1996 12/31/1997 12/31/1998 12/31/1999 12/31/2000 Hours

0

0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

0

0

0



CUATES, RUBERT N	LTC NO: 134423	License Type: 66 Firm	1 NO: 133301-133301
Equipment - check all that appl () Air - fixed wing () Air - helicopter	ly to your work:	() Ground - machine power () Ground - hand powered () Ground - chemigation	
LICENCE	TE COUEDINE O		
LICENSE FE	EE SCHEDULE - COMME	ercial Pesticide Applicator	
One Major Category	\$	15.00	\$ 15.00
Additional Major Categories	0 @ \$	7.50 each	0.00
		TOTAL AMOUNT OWED	\$ 15.00
Signature			
Social Security #		Date of E	Birth

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



PRINTED: 11/15/1997

Commercial Pesticide Applicator TRAINING REPORT

COATES, ROBERT K 5555 N CHANNEL AVE PORTLAND OR 97217

Firm #: 133561 County: MULTNOMAH Phone: 503/285-1111

License #: 134423 Type: 68 01/04/1996 Initiated: Certification Begin: 12/14/1995 Renewed: 04/01/1997 Certification End: 12/31/2000 Expiration: 12/31/1997 APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING Session # Type Date Description City -----------No courses have been taken. TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000 Year 1 Year 2 Year 3 Year 4 Year 5 From --> 12/14/1995 01/01/1997 01/01/1998 01/01/1999 01/01/2000 Total Thru --> 12/31/1996 12/31/1997 12/31/1998 12/31/1999 12/31/2000 Hours Hours Attended 0 : Hours Credited 0 0 0 0 0

No more than 15 credit hours can be accepted for recertification in any one year.

⁰ credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



Commercial Pesticide Applicator 1998 LICENSE RENEWAL APPLICATION

COATES, ROBERT K C/O CASCADE GENERAL 5555 N CHANNEL AVE PORTLAND OR 97217

CURRENT LICENSE EXPIRES: 12/31/1997 Mail/Firm Number: 133561 133561 Phone number: 503/285-1111 FAX number:

Home Address (if di	fferent from above):	Phone number: FAX number:
(city, state,		
Lic Code 134423-68		nis form and make corrections where necessary. WILL DELAY THE ISSUANCE OF YOUR LICENSE AND WILL OF FOR COMPLETION.
Certification perio	d: 12/14/1995 - 12/31/	2000
Major Category	Sub-Cate	pory

MARINE FOULING

UKEGUN DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



CLARK, JONATHAN E 2714 S SULLIVAN VERADALE WA 99037

Commercial Pesticide Applicator 1998 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1997
Mail/Firm Number: 142083 142083
Phone number: 509/926-5473
FAX number:

Home Address (if different	Phone number: FAX number:
(city, state, zip)	
Lic Code 143305-68	Please complete this form and make corrections where necessary. INCOMPLETE FORMS WILL DELAY THE ISSUANCE OF YOUR LICENSE AND WILL BE RETURNED TO YOU FOR COMPLETION.
	reciprocal Washington license. Attach a copy of your 1998 submitting this renewal application.

Major Category INDUSTRIAL, INSTITUTIONAL

Sub-Category IIHS-GENERAL IIHS-STRUCTURAL



WILLINGHAM, JOEL C	Lic No: 134424	License Type: 68	Firm No: 122117-122117
Equipment - check all that app () Air - fixed wing () Air - helicopter	ply to your work:	Ground - machine p () Ground - hand powe () Ground - chemigat	ered equipment
LICENSE I	FEE SCHEDULE - Comm	ercial Pesticide Applica	ator
One Major Category	\$	15.00	\$ 15.00
Additional Major Categories	0 @ \$	7.50 each	0.00
		TOTAL AMOUNT OWE	\$ 15.00
Signature gelality	lan-	Dato	of Birth 3262
Social Security # 54488/	890	Date	or Birth 2 262

UKEGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



WILLINGHAM, JOEL C C/O CASCADE GENERAL 5555 N CHANNEL AVE PORTLAND OR 97217

Commercial Pesticide Applicator 1998 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1997
Mail/Firm Number: 122117 122117
Phone number: 503/285-1111
FAX number:

Home Address (if d	ifferent from above):	Phone number: 658-44/3/ FAX number:
(city, state,	zip)	
Lic Code 134424-68	Please complete this fo INCOMPLETE FORMS WILL D BE RETURNED TO YOU FOR	rm and make corrections where necessary. ELAY THE ISSUANCE OF YOUR LICENSE AND WILL COMPLETION.
Certification perio	od: 12/14/1995 - 12/31/2000	
Major Category MARINE FOULING	Sub-Category	

November 1997



TO:

Pesticide Consultants

Commercial Pesticide Applicators

Public Pesticide Applicators

FROM:

Pesticides Division

SUBJECT: Pesticide License Renewal

Enclosed is your application for renewal of your pesticide consultant or applicator license. To renew your license for 1998, complete the form, make any necessary corrections in address or phone numbers, and return it along with the fee indicated. Make checks payable to the Oregon Department of Agriculture.

You will also find enclosed a copy of your Credit Hour Summary which details recertification training the department has a record of your attending. Please retain the Credit Hour Summary for your files. This summary was prepared in early November -- training you attended during October and November may not be included on this summary if the attendance records were not returned in time to be posted. This training will show up on next year's summary if you signed the proper attendance sheets.

If you believe there are discrepancies, and you are confident you signed the **Oregon** attendance sheet(s) at the missing sessions, please fill out the form on the reverse side of this sheet, recording each accredited training activity you attended for which you did not receive credit, and send to:

Pesticide Recertification Section Pesticides Division Oregon Department of Agriculture 635 Capitol St. NE Salem OR 97310

Please submit your request for corrections by January 30, 1997. Corrections are limited to accredited programs you attended since

October 1, 1996. Requests for credit hour assignment for attendance at programs presented prior to this date will not be considered.

You will be sent an updated copy of your Credit Hour Summary to inform you of any changes made as a result of your request.

John A. Kitzhaber Governor



Mailing address: 635 Capitol Street NE Salem, OR 97310-0110 Location address: 3420 Cherry Ave NE November 1997



TO:

Commercial Pesticide Operators

FROM:

Pesticides Division

SUBJECT:

Commercial Pesticide Operator License Renewal

Enclosed is your application for renewal of your Oregon pesticide operator license. To renew your license for 1998, complete and return this form along with the fee indicated. Make checks payable to the Oregon Department of Agriculture.

If you are also submitting license applications on behalf of your employees (applicators and/or trainees), please submit them at the same time - this will assist us in processing your applications with a minimum of delay. Also, please assure that your insurance is current and that the department has a current Financial Responsibility Insurance Certificate on file (see insurance information on the enclosed application form).

Sole Proprietor/Partnerships: Your operator license will only be issued with categories that you (or your partner, in the case of partnerships) hold on your applicator license(s).

Corporations: If the operator license is held by a corporation, categories will be limited to those held by employees licensed as applicators who are listed on your application.

Please notify our office of address and telephone number changes so you will continue to receive license renewal applications and other information receive pesticide use which may be sent out by the

If you have questions regarding your license 503-986-4635.

ιŧ

37041



Idress: itol Street NE)R 97310-0110 idress: rry Ave NE

Letter A1

OREGON DEPI OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



PRINTED: 11/15/1997

Commercial Pesticide Applicator TRAINING REPORT

WARDELL. RAY K 5555 N CHANNEL AVE PORTLAND OR 97217

Firm #: 122119 County: MULTNOMAH Phone: 503/285-1111

License #: 134426 Type: 68

Certification Begin: 12/14/1995 Certification End:

12/31/2000

Initiated:

01/04/1996

Renewed:

04/01/1997

Expiration:

12/31/1997

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session # Type Date Description

City

No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	
From>	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Total
Thru>	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	Hours
Hours Attended	0	0	0	0	0	.0
Hours Credited	0	0	0	0	0	0

O credit hours out of the 40 required credit hours have been completed. * * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97310-0110 503/986-4635



WARDELL, RAY K C/O CASCADE GENERAL 5555 N CHANNEL AVE PORTLAND OR 97217

Commercial Pesticide Applicator 1998 LICENSE RENEWAL APPLICATION

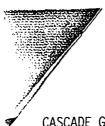
CURRENT LICENSE EXPIRES: 12/31/1997 Mail/Firm Number: 122119 122119 Phone number: 503/285-1111 FAX number:

Home Address (if dit	ferent from above):	Phone number: FAX number:	
(city, state, z	rip)		
Lic Code 134426-68		form and make corrections where necessary. DELAY THE ISSUANCE OF YOUR LICENSE AND WILL COMPLETION.	
Certification period	1: 12/14/1995 - 12/31/2000		
Major Category	Sub-Category		

MARINE FOULING



WARDELL, RAY K	Lic No: 134426	License Type: 68 Firm No: 122119-122119
Equipment - check all that app () Air - fixed wing () Air - helicopter	oly to your work:	() Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation
LICENSE F	EE SCHEDULE - Comme	rcial Pesticide Applicator
One Major Category		15.00 \$ 15.00
Additional Major Categories	0 @ \$	7.50 each 0.00
		TOTAL AMOUNT OWED \$ 15.00
Signature		
Social Security #		Date of Birth





CASCADE GENERAL INC

Lic No: 001401

License Type: 67 Firm No: 117675-090481

Equipment - check all that apply to () Air - fixed wing () Air - helicopter	your work: () Ground - machine () Ground - hand pow () Ground - chemigat	vered equipment
LICENSE FEE SC	HEDULE - Commercial Pesticide Opera	tor
One Major Category	\$ 40.00	\$ 40.00
Additional Major Categories	0 @ \$ 15.00 each	0.00
	TOTAL AMOUNT OWE	D \$ 40.00

I agree to comply with all laws and insurance requirements as set forth Oregon Department of Agriculture immechange. Signature Mans Manuals	in ORS 634.116 and OAR 603-57-102. ediately should any information on	I will notify the this application
Print name <u>Dave Donaldson</u> (must be legal owner or le	egal representative)	
I am no longer in business. Ple	ase delete my license from your rec	ords.
Signature	Title	Date
Make remittance p	avable to Oregon Department of Agric	culture

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.



CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information:

Policy number: 384 FA 3324

Carrier name: ST PAUL FIRE

Coverage expires: 08/01/1997

List all Applicators/Trainees:

Misho Roger L. Name

License number: 134428

Willingham Loel C. Name

License number: 134424

Raimer Jimmy V. Name

License number: 134427

O'Brien Robert L. / Name

License number: 134425

Peltier Scott L. Name

License number: 134429

Name Wardell Ray E.

License number: _134426_

(Use reverse side to list additional names and license numbers)

If you list an applicator whose current license has not been approved by the department at the time this application is processed, they will not be considered a valid applicator. Therefore any major or sub categories that they are solely responsible for will be removed from your license.

CASCADE	_ GENERAL INC	Lic No: 001401	License Type: 6/	firm No:	11/6/5-090481
Insurar Polic	nce information: cy number: 384 FA 3324 ier name: ST PAUL FIRE		expires: 08/01/1997		

List al	ll Applicators/Trainees:				
Name	Moore Sam/Trainee		License number:		·
Name	Morgan Dennis/Trainee	;	_ License number:		
Name	Bowden Mark/Trainee		_ License number:		
Name	Bray Randy/Trainee		_ License number:		
Name	Crooms Mitchel/Traine	e	_ License number:		
Name	Brooks George/Trainee		License number:	7-7-7-7-7-1	

If you list an applicator whose current license has not been approved by the department at the time this application is processed, they will not be considered a valid applicator. Therefore any major or sub categories that they are solely responsible for will be removed from your license.

(Use reverse side to list additional names and license numbers)

CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information:

Policy number: 384 FA 3324 Carrier name: ST PAUL FIRE

Coverage expires: 08/01/1997

List all Applicators/Trainees: Name Clark Bruce License number: 134430 _Cook Manuard/Trainee

Clark-Rick/Trainee Name

Jensen Carry/Trainee Name

Isaksen Gary/Trainee Name

Miller Les/Trainee Name

License number: ____ License number: ____

License number: _____

License number:

License number: ____

(Use reverse side to list additional names and license numbers)

If you list an applicator whose current license has not been approved by the department at the time this application is processed, they will not be considered a valid applicator. Therefore any major or sub categories that they are solely responsible for will be removed from your license.

FORM 1014 REV. 5/93 OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

COATES, ROBERT K C/O CASCADE GENERAL 5555 N CHANNEL AVE PORTLAND, OR 97217

FIRM NO.

133561 133561

BUSINESS LOCATION

CATEGORIES OF LICENSE MARINE FOULING

LICENSE TYPE

LICENSE NUMBER DATE ISSUED

15.00

68 134423 04/01/1997 12/31/1997

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator

LICENSE NO: 134423

COATES, ROBERT K C/O CASCADE GENERAL 5555 N CHANNEL AVE PORTLAND, OR 97217

EXPIRES: 12/31/1997

CATEGORIES OF LICENSE MARINE FOULING

134423-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

Chris him	
howto	
This Is To Certify That: Esta es una constancia de que: 956 Moveno	
Has Been Trained In The Use, Limitations And Maintenance Of 3M Brand Respirator(s) Ha recibido capacitación en el uso, las limitaciones y el mantenimiento de los respiradores marca 3M	
Has Passed A Qualitative Fit Test Using The 3M FT-10 With 3M Brand Respirator(s) Ha pasado una prueba cualitativa de ajuste usando el FT-10 de 3M con los respiradores marca 3M	
Could Not Be Fit Tested Due To No pudo someterse a la prueba de ajuste debido a	
Date/Fecha PROGRAMA DE CAPACITACION COMPLETO	

RESP	IRATOR	FIT	TEST
------	---------------	-----	------

Quantitative ! Qualitative
Name: Jose Moveno
Company: <u>C/G</u>
Social Security No. <u>537 04 2659</u>
Half face respirator size: small medium large one size 3M Model: 60000
Full face respirator size: [] small medium large
3M Model:

I acknowledge having received this Respirator Training while an employee of:

Yo confirmo que he recibido esta capacitación en el uso de respiradores siendo empleado de:

Name of Company/Nombre de la compañía

Print Employee Name/Nombre del empleado en letras de imprenta

Jose B morero

Employee Signature/Firma del empleado

Environment

This Is To Certify That: Esta es una constancia de que: Has Been Trained In The Use, Limitations And Maintenance Of 3M Brand Respirator(s)	
☐ Ha recibido capacitación en el uso, las limitaciones y el mantenimiento de los respiradores marca 3M ———————————————————————————————————	
 Has Passed A Qualitative Fit Test Using The 3M FT-10 With 3M Brand Respirator(s) Ha pasado una prueba cualitativa de ajuste usando el FT-10 de 3M con los respiradores marca 3M 	
☐ Could Not Be Fit Tested Due To☐ No pudo someterse a la prueba de ajuste debido a	
Date/Fecha PROGRAMA DE CAPACITACION COMPLETO	

RESPIRATOR FIT TEST Quantitative Qualitative Name:	I acknowledge having received this Respirator Training while an employee of: Yo confirmo que he recibido esta capacitación en el uso de respiradores siendo empleado de: Name of Company/Nombre de la compañía
By Appelled Latin Date: A 1 5 19 1	Robert Coates Print Employee Name/Nombre del empleado en letras de imprenta

Employee Signature/Firma del empleado

Has Been Traine	ncia de que: Lomptus Iomptus ed In The Use, Limitations And Maintenance Of 3M Brand Respirator(s)	
respiradores ma Has Passed A Q Ha pasado una prespiradores mai	nualitative Fit Test Using The 3M FT-10 With 3M Brand Respirator(s) orueba cualitativa de ajuste usando el FT-10 de 3M con los rca 3M	
2-14-97 Date/Fecha	PROGRAMA DE CAPACITACION COMPLETO	
ESPIRATOR FIT TEST Quantitative	I acknowledge having received this Respirator T	raining
me: Chris tompki. mpany: CG cial Security No. 559 67 0	while an employee of: Yo confirm que he recibido esta capacitación el	ŭ

Expressional and organization of the contract of the second of the contract of the contract of the second of the contract of t	
RESPIRATOR FIT TEST Quantitative Qualitative , Name:	I acknowledge having received this Respirator Training while an employee of: Yo confirmo que he recibido esta capacitación en el uso de respiradores siendo empleado de:
Full face respirator size: [small	Name of Company/Nombre de la compañía
3M Model;	Print Employee Name/Nombre del empleado en letras de imprenta
	Employee Signature/Firma del empleado

Employer's Copy/Copia de la empresa

UREGON DEPT OF AGRICULTURE ' 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

MOORE, SAM C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998

Mail/Firm Number: 122120 122120 Phone number: 503/285-1111

	rax number:
Home Address (if different from a	Phone number: FAX number:
	chis form and make corrections where necessary. WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category MARINE FOULING	Sub-Category
Equipment - check all that apply () Air - fixed wing () Air - helicopter	to your work: () Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation
REQUIRED INFORMATION - This sect	ion is to be completed by your Supervising Applicator.
Employer - Company name and addre	ess:
Careade Cyneral	2, Onc. Phone number:
5005 N. Charnel	FAX number:
Porland Ough (city, state, zip)	<u> </u>
Supervising licensed applicator:	
Name: Scort L. PELTIE	App Lic #: Signature:
() I am no longer a pesticide tr Please delete my license.	rainee or employed by a public entity.

MOORE, SAM

Lic No: 122329

License Type: 69

Firm No: 122120-122120

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature ___ Social Security # <u>5/34-62-6899</u>

OREGON DEPT OF AGRICULTURE 635 Eapitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

= · · · · · · · · · · · · · · · · · · ·	ENSE RENEWAL APPLICATION
C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208	CURRENT LICENSE EXPIRES: 12/31/1998 Mail/Firm Number: 143309 143309
TONTEAND ON STEED	Phone number: 143303 143303 FAX number:
Home Address (if different from above):	
	Phone number: FAX number:
(city, state, zip)	
Lic Code Please complete this form 144651-69 INCOMPLETE FORMS WILL BE	n and make corrections where necessary. RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Cate	egory
Equipment - check all that apply to your () Air - fixed wing () Air - helicopter	work:
REQUIRED INFORMATION - This section is to	be completed by your Supervising Applicator.
Employer - Company name and address:	
Cosenele General, Or	Phone number: <u>λ85-1111</u>
BB5 Ni. Channel Ave	FAX number: 2474050
Pol-land, Ollan and (city, state, zip)	Operator Lic #: CONOL
Supervising licensed applicator:	
Name: Scarr L. PELITER	App Lic #: 134429
	Signature: Mod .
() I am no longer a pesticide trainee or	employed by a public entity.

BROOKS, GEORGE

Lic No: 144651

License Type: 69

Firm No: 143309-143309

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Social Security # 567-31-6

Date of Birth 1-30-58

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

BRAY, RANDALL C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998 Mail/Firm Number: 122124 122124

TORRESIDE OR STEED	Phone number: 503/285-1111 FAX number:
Home Address (if different from above):	Phone number: FAX number:
(city, state, zip)	
	and make corrections where necessary. RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Categ MARINE FOULING	gory
Equipment - check all that apply to your w () Air - fixed wing () Air - helicopter	work:
REQUIRED INFORMATION - This section is to	be completed by your Supervising Applicator.
Employer - Company name and address:	
Cascade General, Inc	Phone number: 285-1111
555 N. Channel in	FAX number: 247-6050
Pottana, Ovem and (city, state, zip)	Operator Lic #: (5)401
Supervising licensed applicator:	·
Name: Sign L. PELTIER	App Lic #: 124429
	Signature:
() I am no longer a pesticide trainee or Please delete my license.	employed by a public entity.

BRAY, RANDALL

Lic No: 122333

License Type: 69 Firm No: 122124-122124

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Social Security # 5

Date of Birth

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

COOK, MANUARD C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998

Mail/Firm Number: 143310 143310

	Phone number: FAX number:
Home Address (if different from above):	Phone number: FAX number:
(city, state, zip)	and make corrections where possessmy
	and make corrections where necessary. RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Categ	gory
Equipment - check all that apply to your w () Air - fixed wing () Air - helicopter	vork: () Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation
REQUIRED INFORMATION - This section is to	be completed by your Supervising Applicator.
Employer - Company name and address:	
Cascade General, Or	Phone number: 285-1111
555 y. Channel An	FAX number: 347-6050
Portland, Ruger 9172 (city, state, zip)	別り Operator Lic #: で見り
Supervising licensed applicator:	
Name: Soit L. TELTIER	App Lic #: 121429
	Signature:
() I am no longer a pesticide trainee or Please delete my license.	employed by a public entity.

COOK, MANUARD

Lic No: 144652

License Type: 69

Firm No: 143310-143310

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Social Security # 421-56-068

Date of Birth 3/8/44

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

MILLER, LES C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998

Mail/Firm Number: 143313 143313 Phone number:

Phone number: FAX number:

Home Address (if different from above): (city, state, zip)	Phone number: FAX number:
Lic Code Please complete this form and	make corrections where necessary. RNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Category MARINE FOULING	
Equipment - check all that apply to your work: () Air - fixed wing () Air - helicopter	: () Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation
REQUIRED INFORMATION - This section is to be o	completed by your Supervising Applicator.
Employer Company name and address:	
Coxado anosal, Unc.	Phone number: 225-1111
The M. Channel An	FAX number: 347-6050
City, state, zip)	Operator Lic #: Oplubl
Supervising licensed applicator:	·.
Name: Scott L. FELTIER	App Lic #: 13:44.25
Signa	ature: Mill
() I am no longer a pesticide trainee or empl Please delete my license.	loyed by a public entity.

MILLER, LES

Lic No: 144655

License Type: 69

Firm No: 143313-143313

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Social Security #

Date of Birth 9-23-5



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

ISAKSEN, GARY C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998 Mail/Firm Number: 143312 143312

	Phone number: FAX number:
Home Address (if different from above):	Phone number: FAX number:
(city, state, zip)	
Lic Code Please complete this form and m 144654-69 INCOMPLETE FORMS WILL BE RETURN	ake corrections where necessary. ED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Category MARINE FOULING	
Equipment - check all that apply to your work: () Air - fixed wing () Air - helicopter	() Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation
REQUIRED INFORMATION - This section is to be con	mpleted by your Supervising Applicator.
Employer - Company name and address: Cascade General, Inc The Hickard, Chainel, All City, state, zip)	Phone number: 285-1111 FAX number: 247-4050 Operator Lic #: 001401
Supervising licensed applicator: Name: Sort L. Frink Signat	urg: App Lic #: 134429
() I am no longer a pesticide trainee or emplo Please delete my license.	yed by a public entity.

ISAKSEN, GARY

Lic No: 144654

License Type: 69

Firm No: 143312-143312

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0@ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature

Social Security # 540-42-6209

Date of Birth 4-8-39

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

MORGAN, DENNIS



Immediately Supervised Commerc'l Pesticide Trainee 1999 LICENSE RENEWAL APPLICATION

C/O CASCADGE GENERAL INC PO BOX 4367 PORTLAND OR 97208	CURRENT LICENSE EXPIRES: 12/31/1998 Mail/Firm Number: 143307 143307 Phone number: FAX number:
Home Address (if different from above):	Phone number: FAX number:
(city, state, zip)	
	m and make corrections where necessary. RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-Cat MARINE FOULING	egory
Equipment - check all that apply to your () Air - fixed wing () Air - helicopter	work: () Ground - machine powered equipment () Ground - hand powered equipment () Ground - chemigation
REQUIRED INFORMATION - This section is t	o be completed by your Supervising Applicator.
Employer - Company name and address:	<i>,</i>
Cerciade General,	Inc. Phone number: <u>285-1111</u>
500 N. Channel A	12 FAX number: 247-le050
Gordand, Orean or (city, state, zip)	1 <u>31</u> 0 0perator Lic #: <u>(CO140)</u>
Supervising licensed applicator:	
Name: Scott L. YELLIER	App Lic #: 1244ag
	Signature:
 I am no longer a pesticide trainee o Please delete my license. 	r employed by a public entity.

MORGAN, DENNIS

Lic No: 144649 License Type: 69

Firm No: 143307-143307

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature (

Social Security # 576-5

Date of Birth 10-15-4/

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

BOWDEN, MARK P



Immediately Supervised Commerc'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

C/O CASCADE GENERAL INC CURRENT LICENSE EXPIRES: 12/31/1998 PO BOX 4367 PORTLAND OR 97208 Mail/Firm Number: 102124 102124 Phone number: 503/285-9706 FAX number: Home Address (if different from above): Phone number: FAX number: (city, state, zip) Lic Code Please complete this form and make corrections where necessary. 073198-69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. Major Category Sub-Category MARINE FOULING Equipment - check all that apply to your work: () Air - fixed wing () Ground - machine powered equipment () Air - helicopter () Ground - hand powered equipment () Ground - chemigation REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: Phone number: 25-1111 Otto U. Channel ALC FAX number: 247-6050 Operator Lic #: (5)401 (city, state, zip) Supervising licensed applicator: App Lic #: 124425 Signature:

() I am no longer a pesticide trainee or employed by a public entity

Please delete my license.

BOWDEN, MARK P

Lic No: 073198

License Type: 69

Firm No: 102124-102124

LICENSE FEE SCHEDULE - Immediately Supervised Commerc'l Pesticide Trainee

One Major Category

\$ 15.00

\$ 15.00

Additional Major Categories

0 @ \$ 7.50 each

0.00

TOTAL AMOUNT DUE

\$ 15.00

Payment Due By January 1

Signature Mart P Bout

Social Security # 543-80-0240

Date of Birth <u>7-7-58</u>

Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.



PRINTED: 11/16/1999

Commercial Pesticide Applicator TRAINING REPORT

CLARK, BRUCE E PO BOX 4367 PORTLAND OR 97208

Firm #: 133564 County: MULTNOMAH Phone: 503/285-1111

License #: 134430 Type: 68 Initiated: 01/04/1996 Certification Begin: 12/14/1995 Renewed: 01/27/1999 Certification End: 12/31/2000 Expiration: 12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session # Type Date Description City St Cr

No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1 12/14/1995 12/31/1996				Year 5 01/01/2000 12/31/2000	Total Hours
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

O credit hours out of the 40 required credit hours have been completed.

* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.



PRINTED: 11/16/1999

Commercial Pesticide Applicator TRAINING REPORT

MISHO, RODGER L PO BOX 4367 PORTLAND OR 97208

Firm #: 133562 County: MULTNOMAH Phone: 503/285-1111

Certification End: 12/14/1995 Renewed: 01/2//1999 Certification End: 12/31/2000 Expiration: 12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session # Type Date Description City St Cr

No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1 12/14/1995 12/31/1996				Year 5 01/01/2000 12/31/2000	Total Hours
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0.	0	0	. 0	0

⁰ credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.



Department of Agriculture

635 Capitol Street NE Salem, OR 97301-2532

TO:

Commercial Pesticide Operators

FROM:

ODA Pesticides Division

DATE:

November 1999

SUBJECT:

2000 Commercial Pesticide Operator License Renewal

Enclosed is your application for renewal of your Oregon pesticide operator license for 2000. Complete and return the enclosed form along with the fee indicated to ODA by January 1st. Make checks payable to Oregon Department of Agriculture.

NEW!! Please include your email address on your renewal form. In addition, check the appropriate box if you would like to receive email notification of each copy of the ODA Pesticide Quarterly newsletter. If you check "no", you will automatically receive a hard copy of the newsletter by regular mail.

If you are also submitting license applications on behalf of yourself or your employees (applicators and/or trainees), please submit them at the same time - this will assist us in processing your applications with a minimum of delay. In addition, please be sure that the Department has a <u>current</u> Financial Responsibility Insurance Certificate on file (Form 4018). Any insurance policy that will expire within 45 days after receipt of the Pesticide Operator renewal will not be issued until a new 4018 is received verifying the extension of your insurance coverage period. Submit a current 4018 to expedite processing of your license.

Sole Proprietor/Partnerships: Operator license categories will be limited to those held by you, (or your partner, in the case of partnerships) and identified on your applicator license(s).

Corporations: Operator license categories will be limited to those held by the licensed applicators listed on your application.

If you have any questions regarding your license(s), please contact the Pesticides Division at (503) 986-4635 or through the ODA Pesticides Division web page at: http://pesticide.oda.state.or.us

BWTP 08
1999
2000 Desticide
Licensing



PRINTED: 11/16/1999

Commercial Pesticide Applicator TRAINING REPORT

CLARK, BRUCE E PO BOX 4367 PORTLAND OR 97208

Firm #: 133564 County: MULTNOMAH Phone: 503/285-1111

License #: 134430 Type: 68 Initiated: 01/04/1996 Certification Begin: 12/14/1995 Renewed: 01/27/1999 Certification End: 12/31/2000 Expiration: 12/31/1999 APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING Session # Type Date Description City No courses have been taken. TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000 Year 1 Year 2 Year 3 Year 4 Year 5 From --> 12/14/1995 01/01/1997 01/01/1998 01/01/1999 01/01/2000 Total Thru --> 12/31/1996 12/31/1997 12/31/1998 12/31/1999 12/31/2000 Hours Hours Attended 0 0 0 0 0 Hours Credited 0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.



PRINTED: 11/16/1999

Commercial Pesticide Applicator TRAINING REPORT

MISHO, RODGER L PO BOX 4367 PORTLAND OR 97208

Firm #: 133562 County: MULTNOMAH

Phone: 503/285-1111

License #: 134428 Type: 68

Certification Begin: Certification End:

12/14/1995

12/31/2000

Initiated:

Renewed: Expiration: 01/04/1996 01/27/1999

12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session # Type Date

Description

City

No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

		Year 2 01/01/1997 12/31/1997		Year 4 01/01/1999 12/31/1999	Year 5 01/01/2000 12/31/2000	Total Hours
Hours Attended	0	0	0	0	0	0
Hours Credited	0	. 0	0	0	0	0

O credit hours out of the 40 required credit hours have been completed. * * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

COOK. MANUARD

C/O CASCADE GENERAL INC /

PO BOX 4367

PORTLAND, OR 97208

FIRM NO

143310 143310

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE ISSUED

EXPIRES

CATEGORIES OF LICENSE MARINE FOULING

69

144652

01/25/1999 12/31/1999

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Trainle LICENSE NO: 144652 EXPIRES: 12/31/1999

COOK. MANUARD

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE MARINE FOULING

144652-69

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MOORE. SAM

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

122120 122120

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE

MARINE FOULING

69

122329

01/25/1999 12/31/1999

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE | Immediately Supervised Comc'l Pesticide Train | e LICENSE NO: 122329 | EXPIRES: 12/31/1999 |

MOORE, SAM

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

122329-69

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BRAY, RANDALL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

122124 122124

BUSINESS LOCATION

LICENSE

LICENSE NUMBER

DATE

DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

69

122333

01/25/1999 12/31/1999

72.46

Immediately Supervised Comc'l Pesticide Trainee License

BRAY, RANDALL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

122333-69

POST UPPER PART IN A CONSPICUOUS PLACE.

OREGON DEPARTMENT OF AGRICULTURE 635 CAPITOL STREET NE SALEM OR 97310-0110 (503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BROOKS, GEORGE C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

143309 143309

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER

DATE ISSUED DATE **EXPIRES**

CATEGORIES OF LICENSE MARINE FOULING

144651

01/25/1999 12/31/1999

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train|e LICENSE NO: 144651 EXPIRES: 12/31/1999

BROOKS, GEORGE C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

144651-69

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MILLER, LES

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

143313 143313

BUSINESS

LICENSE TYPE

LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE

MARINE FOULING

69 144

144655

01/25/1999 12/31/1999

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Immediately Supervised Comc'l Pesticide Train e
LICENSE NO: 144655 EXPIRES: 12/31/1999

MILLER, LES

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE MARINE FOULING

144655-69

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WARDELL, RAY K C/O CASCADE GENERAL PO BOX 4367 PORTLAND. OR 97208 FIRM NO.

122119 122119

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED

DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

68

134426

01/27/1999 12/31/1999

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134426 EXPIRES: 12/31/1999
WARDELL, RAY K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND. OR 97208

134426-68

CATEGORIES OF LICENSE MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WILLINGHAM, JOEL C C/O CASCADE GENERAL PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

122117 122117

BUSINESS

LICENSE TYPE LICENSE NUMBER DATE ISSUED

DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

68

134424

01/27/1999 12/31/1999

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134424 EXPIRES: 12/31/1999
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND. OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134424-68

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MISHO, RODGER L C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

133562 133562

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE

MARINE FOULING

68

134428

01/27/1999 12/31/1999

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134428 EXPIRES: 12/31/1999
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND. OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134428-68

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BOWDEN, MARK P C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208 FIRM NO.

102124 102124

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

69

73198

01/25/1999 12/31/1999

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Train e
LICENSE NO: 73198 EXPIRES: 12/31/1999
BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

73198-69

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

133563 133563

BUSINESS LOCATION

LICENSE TYPE LICENSE

DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE

MARINE FOULING

68 134429

01/27/1999 12/31/1999 15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator

LICENSE NO: 134429

EXPIRES: 12/31/1999

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367 PORTIAND OR 97208

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134429-68

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MORGAN, DENNIS

C/O CASCADGE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

143307 143307

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

69

144649

01/25/1999 12/31/1999

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Train e
LICENSE NO: 144649 EXPIRES: 12/31/1999
MORGAN, DENNIS
C/O CASCADGE GENERAL INC
PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

144649-69

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

O'BRIEN, ROBERT L C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208 FIRM NO.

122116 122116

BUSINESS LOCATION

LICENSE LICENSE NU

LICENSE NUMBER DATE ISSUED DATE EXPIRES CATEGORIES OF LICENSE MARINE FOULING

68

134425

01/27/1999 12/31/1999

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134425 EXPIRES: 12/31/1999
O'BRIEN, ROBERT L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134425-68

POST UPPER PART IN A CONSPICUOUS PLACE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CROOMS. MITCHEL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

143308 143308

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPRESS CATEGORIES OF LICENSE

MARINE FOULING

69 144650

05/04/1999 12/31/1999

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE | Immediately Supervised Comc'l Pesticide Train|e LICENSE NO: 144650 EXPIRES: 12/31/1999 |

CROOMS, MITCHEL C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE 144650-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

BWTP US

2001 Pesticide Licensing

APEX LABS

Sampled by:

APEX LABS		·.	. ,			C]	HA	AIN	1 C	F	Cl	US	TC	D	Ÿ	•			Lab	#						coc	of	
12232 S.W. Garden Place, Tigard, OR 97223 Ph: 503-718-2323 Fax: 503-718-0333																												
Company: Ca scade Go	nerc	ıl	Project	Mgr:	los	e	ω	70	300	٠.٠		Proj	ect N	ame:	ک	JB	<u> </u>	oble.	10		Proj	ect#(02	<u> </u>	690	00C)-10)
Address: 5555 - N-Channe	do	w. F	odx-	ÓR.	97	<u> 713</u>			Pho	ne: 7	47-	140	28_		Fax:	24] -J	601	Em	ail:							.007	
Sampled by: I ose mor		· · ·		· ,													VVV	ASISRE)ues									
SAMPLE ID	LAB ID #	DATE	TIME	MATRIX	# OF CONTAINERS	NWTPH-HCID	NWTPH-Dx	NWTPH-Gx	BTEX	8260 RBDM VOCs	8260 Halo VOCs	8260 VOCs	8270 SIM PAHs	8082 PCBs	8081 Chlor. Pest	RCRA Metals (8)	Priority Metals (13)	Al, Sb, As, Ba, Be, Cd Ca, Cr, Co, Cu, Fe, Pb Hg, Mg, Mn, Mo, Ni, K, Sg, Ag, Na, Tl, V, Zn	TCLP Metals (8)	1200- COLS	1200-Z			•			ANTICOLOGY, TOTAL TOTAL	7
Boiler Ash		?.20.0g																<u> </u>	X	-		-	J. J	\top			_	1
																		1				E. S. S. Server						
																			NACO P			*						
				•																			-					
																			>			**		N.				
Control of the Contro		ļ						:						_		_		 					S. Assess					
	<u> </u>	ļ	1																	-							_	_
		ļ	ļ		<u> </u>						_				_	_				1								_
						-					· }					_			رستتهم	*				<u> </u>	-			
Normal T	Vrn Arou	and Time	(TAT) =	5-10 B	neinece	Daye					SDE	CIAI	. INS	TDIIC	יחויי	NIG.			1				- Marie Ar	_عم				<u>L.</u>
TAT Requested (circle)	24 HI 4 DA	R	48 HR 5 DAY		72 HF	₹ .							*					·		· Service							•	
SAMI RELINQUISHED BY:	PLES A	RE HELI	FOR 3		S IVED B	v.					DEL	INOT	ISHE	n bv.	•		·						<u> Pec</u>	E IV EI	PV.		- 4	
Signature:	Date:	-20 -	-08	Signatu	ire:	00	3.	_			Signat	-	ione.	D DI:				Date:		•		L	Signa		, D1;			
Printed Name:	Time:		(Can	Name:	n	0.6	bno	N))		d Nar	ne:		•			Time:					Print	ed Nam	e:		(V
company: Cascade Cer	era l	· . · ·	ŧ	Compa	ny: pe/	X_					Comp	any:											Com	pany:				<i>.</i>



Immediately Supervised Commerc'l Pesticide Trainee 2001 LICENSE RENEWAL APPLICATION

MORGAN, DENNIS C/O CASCADGE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000

Mail/Firm Number: 143307 143307 Phone number:

FAX number: E-mail:

Home Address (if different from abov	e): 	Phone number: FAX number: E-mail:
(city, state, zip) ODA Pesticide	 Quarterly Newsletter?	E-mail? Paper Not at all
Lic Code Please complete this 144649-69 INCOMPLETE FORMS WIL	form and make correct L BE RETURNED AND DELA	tions where necessary. AY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub MARINE FOULING	-Category	
REQUIRED INFORMATION - This section	is to be completed by	your Supervising Applicator.
Employer · Company name and address: (a) A () () () () () () () () ()	ne Au D17	Phone number: 503-241-6050 Phone number: 503-241-6050 Operator Lic #:
Supervising licensed applicator: Name: Mame: Mam	Signature:	App Lic #: 1244130.

() I am no longer a pesticide trainee. Please delete my license.

MORGAN, DENNIS	Lic No: 144649	License Type: 69	Firm No: 143307-143307			
LICENSE FEE SCHEDU	ULE - Immediately Su	pervised Commerc'l Pe	esticide Trainee			
One Major Category	\$	15.00	\$ 15.00			
Additional Major Categories	0 @ \$	7.50 each	0.00			
		TOTAL AMOUNT DU	E \$ 15.00			
	Payment Due E	By January 1				
Signature Jenis Ma	gn_					
Social Security # <u>596-54</u>	7452	Dat	e of Birth 10-15-41			
Make remittance payable to Oregon Department of Agriculture YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.						
For Credit Card Charges Complete Information Below						
VisaMastercard Exp	oiration Date/_	Total Charges	\$			
Cound Normhous	C:		note.			

ukegun Deri UF AGRICULIURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 2001 LICENSE RENEWAL APPLICATION

MILLER. LES C/O CASCADE GENERAL INC CURRENT LICENSE EXPIRES: 12/31/2000 PO BOX 4367 PORTLAND OR 97208 Mail/Firm Number: 143313 143313 Phone number: FAX number: E-mail: Home Address (if different from above): Phone number: FAX number: E-mail: (city, state, zip) ODA Pesticide Quarterly Newsletter? E-mail? Paper Not at all Lic Code Please complete this form and make corrections where necessary. 144655-69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. Major Category Sub-Category MARINE FOULING REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: Phone number: 505-785-1111 FAX number: 905, 347-4050 Operator Lic #: Supervising licensed applicator: Signature:

() I am no longer a pesticide trainee. Please delete my license.

MILLER, LES	Lic No: 144655	License Type: 69	Firm No: 143313-143313
LICENSE FEE SCHED	DULE - Immediately S	upervised Commerc'l Pe	sticide Trainee
One Major Category	\$	15.00	\$ 15.00
Additional Major Categories	0 @ \$	7.50 each	0.00
•		TOTAL AMOUNT DU	£ \$ 15.00
	Payment Due E	By January 1	
Signature E Les Mel	b		
Social Security # 538	A	Dat	e of Birth <u>19-23-</u> 5
Make remit YOU MUST RETL	tance payable to Ore URN THIS APPLICATION	egon Department of Agr TO RENEW OR DELETE YO	iculture UR LICENSE.
For Cr	edit Card Charges Co	omplete Information Be	low
VisaMastercard Ex	opiration Date/	Total Charges	\$
Card Number	Signature		Date

·

BRAY, RANDALL



Immediately Supervised Commerc'l Pesticide Trainee 2001 LICENSE RENEWAL APPLICATION

C/O CASCADE GENERAL INC CURRENT LICENSE EXPIRES: 12/31/2000 PO BOX 4367 Mail/Firm Number: 122124 122124 PORTLAND OR 97208 Phone number: 503/285-1111 FAX number: E-mail: Home Address (if different from above): Phone number: FAX number: E-mail: (city, state, zip) ODA Pesticide Quarterly Newsletter? E-mail? ___ Paper ___ Not at all Please complete this form and make corrections where necessary. Lic Code INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. 122333-69 Major Category Sub-Category MARINE FOULING REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: Phone number: 53.25111 FAX number: 503 247-6050 Operator Lic #: Supervising licensed applicator: Signature:

() I am no longer a pesticide trainee. Please delete my license.

BRAT, KANDALL	L1C NO: 122333	Ercense Type: 69	FITH NO: 122124-122124
LICENSE FEE SCHEDU	JLE - Immediately S	Supervised Commerc'l	Pesticide Trainee
One Major Category	5	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ 5	\$ 7.50 each	0.00
		TOTAL AMOUNT I	DUE \$ 15.00
	Payment Due	By January 1	
Signature Tomelello	Chy-	-	
Social Security #542-68	2.9471	Di	ate of Birth <u>2-30-53</u>
		regon Department of A N TO RENEW OR DELETE	
For Cre	edit Card Charges (Complete Information	Below
VisaMastercard Exp	oiration Date	/ Total Charge:	s \$
Card Number	Signature		Date

•

.

.

· . . •

:

٠.



Department of Agriculture

635 Capitol Street NE Salem, OR 97301-2532

January 23, 2001

CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208



Your license application has been received. According to information furnished, we calculate a different fee (shown below). Let us know if there is additional information that would affect the fee. If you agree with our calculation, please send the additional fee as soon as possible so that we may issue your license. Enclosed is a return envelope for your convenience.

Pesticide Operator License Fee Received with Application

\$40.00 -\$30.00

Balance Due

\$10.00

We received fees for a list of Applicator licenses. There was \$30.00 extra so we applied it to your Operator License.

Valerie Pascal Licensing Manager 503/986-4600

Enclosure

FOR ACCURATE RECORDING, RETURN THIS LETTER WITH YOUR PAYMENT. THANK YOU.

COMMERCIAL PESTICIDE OPERATOR

Oregon Department of Agriculture 635 Capitol Street NE Salem, Oregon 97301-2532 (503) 986-4635 Hearing Impaired TDD #: (503) 986-4762



4738084 1718791 1900 (1) 430, 90

FOR CASHIER'S USE ONLY

LICENSE # 140	1	LICENSE		MAIL	FIRM# 11767S
	e General DX 4367 M State OR 97	Inc 308zip	1	No	90481
Select one of the follow Select type of ownershi	3	W LICENSE	RENEWAL PARTNERSHI		PORATION
	LICENSE FEE	S APPLY TO	MAJOR CATEGORIES oplication Method:	ONLY.	
HERBICIDE SOIL FUMIGA LIVESTOCK FUMICA VERTEBRATE SEED TREATMEN AQUATIC DEMONSTRATION FOREST	PESTS E PESTS IT	Oi Ac Af	Ground - Machine power Ground - Hand powered Ground - Chemigation LICENSE FEE SCHI ne Major Category Iditional Major Categories fer Current License Issued Iditional Major Categories	EDULE - MAJOR (@ 40.00 each @ 15.00 each	S LOO OU
AND STRUCTURA GENERAL PE STRUCTURA SPACE FUMIC MOSS WOOD TREA ORNAMENTAL &	STS L PESTS GATION TMENT	licei 634. Agri chai Sign	ature	rance requiremer 2. I will notify the ould any informat	nts as set forth in OR: e Oregon Department of tion on this application
MARINE FOULING	ORGANISM CONTROL	Date			

RETURN THIS APPLICATION WITH REMITTANCE PAYABLE TO OREGON DEPARTMENT OF AGRICULTURE.

Information on reverse side must be completed before license can be issued. Incomplete applications **WILL BE RETURNED AND WILL DELAY** the issuance of your license and may result in license denial and refund of fees.

YOU MUST LIST ALL APPLICATORS/TRAINEES BELOW:

Name	Bruce Clark	License Number	134430
Name	Douglas Daniels	License Number	158419
Name	Dimitrio Fasilis	License Number	158421
Name	larry Knudsen	License Number	158420
Name .	Bodges Misho /	License Number	134478
Name	Scott Pelties	License Number	134429
Name	Joel Willingham	License Number	134424
Name _	Randall Bray	License Number	/22333-69
Name _	Les milles	License Number	194655-69
Name _	Dennis Morgan	License Number	144649-69
Name_		License Number	
Name _		License Number	
Name _	• •	License Number	
Name_		License Number	· · · .
Name _		License Number	
Name _		License Number	
.:		License Number	
Name _	·	License Number	
	·	License Number _	·
Name _		License Number _	
Name _		License Number _	
Name			

Use separate sheet to list additional names and license numbers.

UKEGUN DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

Commercial Pesticide Operator 2001 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/2000 Mail/Firm Number: 117675 090481 Phone number: 503/285-1111

FAX number: E-mail: Business Location Address: CASCADE GENERAL INC. Phone number: 503/285-1111 5555 N CHANNEL FAX number: E-mail: PORTLAND OR 97208. ODA Pesticide Quarterly Newsletter? E-mail?_____Paper ___ Not at all ____ Please complete this form and make corrections where necessary...... INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. Identify type of ownership: () Individual...... Name _____ Applicator License #: () Partnership...... Name Applicator License #: Name _____ Applicator License #:) Corporation...... Complete Applicator/Trainee list on page 2 Sub-Category Major Category MARINE FOULING Equipment - check all that apply to your work: () Aerial Ground≪حرکر () Chemigation

() License maintained for Home Inspections only. No pesticides are applied.

CASCADE GENERAL INC	Lic No: 001401	License Type: 67	Firm No: 117675-090481
Insurance information: Policy number: 384 FA 4152 Carrier name: ST PAUL FIRE	Coverage e	expires: 08/01/2001	
All Operators must list Applic	ators/Trainees. (l	Jse additional sheet in	f needed):
Name bull Clark	۷	Oregon Pesticide	Lic #: 134420
Name Loug Dan	uls	Oregon Pesticide	Lic #: 1578419
Name Kodar Miz	no	Oregon Pesticide	Lic #: [34498
Name Larry Knu	idsin	Oregon Pesticide	Lic #:
Name Dimtrics -	fasilis_	Oregon Pesticide	Lic #:
Notify (DDA immediately of a	pplicator/trainee char	nges.
LICENSE	FEE SCHEDULE - Comm	mercial Pesticide Opera	ator
One Major Category	\$	40.00	\$ 40.00
Additional Major Categories	0@\$	15.00 each	0.00
	·	TOTAL AMOUNT DUE	\$ 40.00
	Payment Due E	By January 1	
I agree to comply with all law insurance requirements as set Oregon Department of Agricultu	forth in ORS 634.11	.6 and OAR 603-57-102.	I will notify the
Signature	Tit	:le	Date
Print name (must be legal owner)	er or legal represer	itative)	
I am no longer in business	s. Please delete my	license from your red	cords.
Signature	Tit	:le	Date
Make remiti YOU MUST RETUR	cance payable to Ore RN THIS APPLICATION	egon Department of Agri TO RENEW OR DELETE YOU	culture NR LICENSE.
For Cre	edit Card Charges Co	omplete Information Bel	OW .

Expiration Date ___/__ Total Charges \$____

Card Number _____ Signature _____ Date ____

___Visa ___Mastercard

CASCADE GENERAL INC Lic No: 001401 License Type: 67 Firm No: 117675-090481

Insurance information: Policy number: 384 FA 4 Carrier name: ST PAUL F		res: 08/01/2001	
All Operators must list A Name Olivil Name Schill Name Randai Name Randai Name Name Name Name	pplicators/Trainees. (Use ING NAM CLICK MOVGOV PMAY V Ify ODA immediately of appl		:#:124604 :#:12460461-69 :#:127335-69 :#:1441655-109
LIC	CENSE FEE SCHEDULE - Commerc	ial Pesticide Operator	•
One Major Category	\$ 40.	00	\$ 40.00
Additional Major Categori	es 0 @ \$ 15.	00 each	0.00
		TOTAL AMOUNT DUE	\$ 40.00
***************************************	Payment Due By J		
insurance requirements as	ll laws and regulations pert s set forth in ORS 634.116 a culture immediately should	ind OAR 603-57-102. I	will notify the
Signature	Title		Date
Print name	lowner or legal representat		
I am no longer in bus	siness. Please delete my li	cense from your record	ds.
Signature	Title	·	Date
Make r YOU MUST	remittance payable to Oregon RETURN THIS APPLICATION TO	Department of Agricu RENEW OR DELETE YOUR I	lture LICENSE.
Fo	or Credit Card Charges Compl	ete Information Below	
VisaMastercard	Expiration Date/	Total Charges \$	
Card Number	Signature		Date

ÜREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Commercial Pesticide Applicator 2002 LICENSE RENEWAL APPLICATION

FASILIS, DIMITRIOS K C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2001
Mail/Firm Number: 092724 092724
Phone number: 360/574-3258
FAX number:

Home Address (if dif	ferent from above):	Phone number: FAX number:			
(city, state, z	zip) ODA Pesticide Quarterl	y Newsletter?	E-mail?	Paper	Not at all
	ase complete this form and				
Certification period	i: 12/15/2000 - 12/31/200	5			
Major Category MARINE FOULING	Sub-Categor	y			
Equipment - check a	Il that apply to your wor () Ground	k: () Chemi	gation		
() License mainta	ained for Home Inspection	s only. No pest	icides ar	e applied.	

·		
EMPLOYER INFORMATION		
Company Name:Cascade Genera	l Inc.	
Address: 5555 N. Channe	el Agenue	
City, State, Zip:Portland, OR S	97207.	
Phone Number: <u>503-285-1111</u>	•	
YOU MUST CHECK ONE OF THE FOLLOWING	THAT APPLIES TO YOU:	
() I apply pesticides for a Commerc Complete Employer Information re	cial Pesticide Operator. Operator Lice equested above.	ense #
	Pesticide Operator: I only apply pestices. (Includes golf courses, hospitals aformation requested above.	
() I do not apply pesticides but wi	ish to maintain my license. (Fee requi	red to maintain)
() I am no longer a pesticide appli	icator. Please delete my license.	
LICENSE FEE SCH	HEDULE - Commercial Pesticide Applicate	or
One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00
	Payment Due By January 1	
Signature Printing Issu	ly	
Social Security # 538-78-1	'879 Date o	f Birth <u>0/-/0-</u> 50
	payable to Oregon Department of Agricu S APPLICATION TO RENEW OR DELETE YOUR	
For Credit Ca	ard Charges Complete Information Below	
VisaMastercard Expiration	on Date/ Total Charges \$	
Cand Numban	Cianatuna	

Lic No: 158421 License Type: 68 Firm No: 092724-092724

FASILIS, DIMITRIOS K

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Commercial Pesticide Operator 2001 LICENSE RENEWAL APPLICATION

CASCADE GENERAL INC

PO BOX 4367 PORTLAND OR 97208	CURRENT LICENSE EXPIRES: 12/31/2000 Mail/Firm Number: 117675 090481 Phone number: 503/285-1111 FAX number: E-mail:
Business Location Address: CASCADE GENERAL INC- 5555 N CHANNEL PORTLAND OR 97208	Phone number: 503/285-1111 FAX number: E-mail:
ODA Pesticide Quarterly Newslet	ter? E-mail?Paper Not.at all
Please complete this form and make complete this form and	rrections where necessary. DELAY THE ISSUANCE OF YOUR LICENSE.
Identify type of ownership:	
() Individual Name	Applicator License #:
() Partnership Name	Applicator License #:
Name	
Corporation Complete Applicator/Trainee	list on page 2
Major Category Sub-Category MARINE FOULING	
Equipment - check all that apply to your work: () Aerial Ground ()	Chemigation
() License maintained for Home Inspections only. N	

CA	SCA	\DE	GENER	ΑI	INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information: Policy number: 384 FA Garrier name: ST PAUL		res: 08/01/2001	•
Name BULL CLA Name ROJAL M Name ROJAL M Name DIMIN CE	Applicators/Trainees. (Use and Landson Library) Library Librar	Oregon Pesticide Lic Oregon Pesticide Lic Oregon Pesticide Lic Oregon Pesticide Lic	c #: 134430 c #: 158419 c #: 134438 c #:
LIC	CENSE FEE SCHEDULE - Commerc	ial Pesticide Operator	r
One Major Category	\$ 40.	00	\$ 40.00
Additional Major Categor	ies 0 @ \$ 15.	00 each	0.00
		TOTAL AMOUNT DUE	\$ 40.00
	Payment Due By J	anuary 1	
insurance requirements a	ll laws and regulations pert s set forth in ORS 634.116 a iculture immediately should	nd OAR 603-57-102. I	will notify the
Signature	Title		Date"
Print name (must be lega	l owner or legal representat	•	do
	•	·	
Make 1 YOU MUST	remittance payable to Oregon RETURN THIS APPLICATION TO or Credit Card Charges Compl	Department of Agricu RENEW OR DELETE YOUR I	
	Expiration Date/_		
Card Number			Date

CASCADE GENERAL INC	Lic No: 001401	License Type: 67	Firm No: 117675-090481
Insurance information: Policy number: 384 FA 4152 Carrier name: ST PAUL FIRE	Coverage ex	pires: 08/01/2001	
Name Collins Mane Name Randall Name Name Name Name Name Name Name Name	ators/Trainees. (Us 2 Nam CV OVGOV DA immediately of ap	Oregon Pesticide Oregon Pesticide Oregon Pesticide Oregon Pesticide Oregon Pesticide	Lic #: [344] 646] Lic #: [344] 646] 69 Lic #: [373335 69 Lic #: [144] 655 369
LICENSE	FEE SCHEDULE - Comme	rcial Pesticide Oper	ator
One Major Category	\$ 4	0.00	\$ 40.00
Additional Major Categories	0 @ \$ 1	5.00 each	0.00
•		TOTAL AMOUNT DU	E \$ 40.00
	Payment Due By	January 1	
I agree to comply with all law insurance requirements as set Oregon Department of Agricultu	forth in ORS 634.116	and OAR 603-57-102.	I will notify the
Signature	Titl	e	Date
Print name (must be legal owne I am no longer in business	r or legal represent		conds
Signature			
Make remitt YOU MUST RETUR	ance payable to Oreg N THIS APPLICATION T	on Department of Agr O RENEW OR DELETE YO	iculture UR LICENSE.
VisaMastercard Exp			
Card Number			

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



Immediately Supervised Commerc'l Pesticide Trainee 2001 LICENSE RENEWAL APPLICATION

BOWDEN, MARK P C/O CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 102124 102124
Phone number: 503/285-9706
FAX number:

•	E-mail:
Home Address (if different from above)	Phone number: FAX number: E-mail:
(city, state, zip) ODA Pesticide Qu	uarterly Newsletter? E-mail? Paper Not at all
Lic Code Please complete this 1 073198-69 INCOMPLETE FORMS WILL	form and make corrections where necessary. BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
Major Category Sub-C	Category
REQUIRED INFORMATION - This section is Employer - Company name and address:	to be completed by your Supervising Applicator.
Castade Gineral,	<u>Onc</u> Phone number: <u>708-785-1111</u>
City, state, zip)	## FAX number: 503. 247-4050 1217 Operator Lic #:
Supervising licensed applicator:	
Name:	App Lic #:
	Signature:

() I am no longer a pesticide trainee. Please delete my license.

BOWDEN, MARK P	Lic No: 073198	License Type: 69	Firm No: 102124-102124
LICENSE FEE SCH	EDULE - Immediately Su	pervised Commerc'l Pe	esticide Trainee
One Major Category	\$	15.00	\$ 15.00
Additional Major Categories	0 @ \$	7.50 each	0.00
		TOTAL AMOUNT DU	JE \$ 15.00
	Payment Due E	By January 1	· .
Signature			
Social Security #	<u> </u>	Dat	ce of Birth
	ittance payable to Ore TURN THIS APPLICATION		
For	Credit Card Charges Co	omplete Information Be	elow
VisaMastercard	Expiration Date/_	Total Charges	\$
Card Number	Signature		Date

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635

MOORE, SAM



Immediately Supervised Commerc'l Pesticide Trainee 2001 LICENSE RENEWAL APPLICATION

C/O CASCADE GENERAL INC PO BOX 4367 CURRENT LICENSE EXPIRES: 12/31/2000 PORTLAND OR 97208 Mail/Firm Number: 122120 122120 Phone number: 503/285-1111 FAX number: E-mail: Home Address (if different from above): Phone number: FAX number: E-mail: (city, state, zip) ODA Pesticide Quarterly Newsletter? E-mail? ___ Paper ___ Not at all ___ Please complete this form and make corrections where necessary. 122329 - 69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE. Sub-Category Major Category MARINE FOULING REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator. Employer - Company name and address: Phone number: 03-286-1111 FAX number: 7)3.217-101 Operator Lic #: (city, state, Zip) Supervising licensed applicator: App Lic #: ______ Name: Signature:

() I am no longer a pesticide trainee. Please delete my license.

MOORE, SAM	Lic No: 122329	License Type: 69	Firm No: 122120-122120
LICENSE FEE	SCHEDULE - Immediately Su	upervised Commerc'l Pe	sticide Trainee
One Major Category	\$	15.00	\$ 15.00
Additional Major Categor	ries 0 @ \$	7.50 each	0.00
•		TOTAL AMOUNT DUI	E \$ 15.00
	Payment Due E	By January 1	
Signature	·		
Social Security #		Date	e of Birth
	remittance payable to Ore		
_. F	or Credit Card Charges Co	omplete Information Be	low
VisaMastercard	Expiration Date/	Total Charges	\$
Card Number	Signature		Date

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem. OR 97301-2532 503/986-4635



PRINTED: 11/16/2000

Commercial Pesticide Applicator TRAINING REPORT

WARDELL. RAY K PO BOX 4367 PORTLAND OR 97208

Firm #: 122119 County: MULTNOMAH

Phone: 503/285-1111

License #: 134426 Type: 68

12/14/1995

Initiated:

01/04/1996

Certification Begin: Certification End:

12/31/2000

Renewed: Expiration: 01/14/2000 12/31/2000

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session # Type Date

Description

City

Cr

No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

		01/01/1997	Year 3 01/01/1998 12/31/1998			Total Hours
Hours Attended	0	0	0	0	. 0	0
Hours Credited	0	0	0	0	0	0

O credit hours out of the 40 required credit hours have been completed. * * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

TO:

Commercial Pesticide Operators

FROM:

ODA Pesticides Division

DATE:

November 2007

SUBJECT:

2008 Commercial Pesticide Operator License Renewal

Enclosed is your application for renewal of your Oregon Commercial Pesticide Operator License for 2008. Please complete and return the enclosed form along with the appropriate fee to ODA by January 1st. Please make checks payable to the Oregon Department of Agriculture and use the mailing address listed on the bottom of the renewal form.

If you are also submitting license renewal applications on behalf of yourself or your employees (applicators and/or trainees), please submit them at the same time — this will assist us in processing your applications with a minimum of delay. Operator licenses will not be issued until the applicator license upon which the license is based is also renewed.

The Financial Responsibility Insurance Certificate (Form 4018) is no longer required. This form has been replaced with an insurance "Self-Certification" process on the renewal form. "Self-certification" states that you understand, and agree to maintain, the financial responsibility required in ORS 634.116 and OAR 603-57-102. The Commercial Pesticide Operator representative must sign to certify that the insurance information provided is valid and meets these requirements. Please review the insurance information on your Operator renewal application. If there are any changes, please document them before returning your application for renewal. **DO NOT SEND NEW 4018 Forms.** It is your responsibility to keep your insurance information current. You may update your insurance information by downloading the insurance update form available on the ODA Pesticides Division website and submitting the signed form to the Department. Failure to maintain the appropriate and current insurance coverage is a violation of state law. You must inform ODA of any and all updates to your insurance information or you may be subject to license revocation, civil penalty, or other enforcement action.

If you have any questions regarding your license(s), please contact the ODA Pesticides Division at (503) 986-4635 or through the ODA Pesticides Division web page at:

http://oregon.gov/ODA/PEST/



Commercial Pesticide Operator 2008 License Renewal Application

CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 License Number: AG-L0001401CPO Current License Expires: 12/31/2007 Phone Number: (503) 285-1111

Phone Number:

Email:

Business Location Address:

Contact Information:

CASCADE GENERAL INC 5555 N CHANNEL PORTLAND OR 97208 Contact Person:

Phone Number: (503) 285-1111

Fax Number:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Pesticide Operator License Fee One Major Category 90.00 1 @ \$ 90.00 0 @ 15.00 each Additional Major Categories 0.00 TOTAL FEE DUE For Visa or Mastercard Charges Complete Information Below Name of Cardholder: Phone: _____ Address of Cardholder: _____ City: ____ Zip: ____ _____ Expiration Date: _____/ ture: _____ Total Charges: \$_____ Signature: For Checks or Money Orders, mail to: For Credit Card Charges, mail or fax to: Oregon Dept of Agriculture Licensing Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395 635 Capitol St NE Salem OR 97301-2532 Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

4.30



CASCADE GENERAL INC

License Number: AG-L0001401CPO

	ategory Fouling Organism	<u>Sub-Category</u>
	II that apply to your work: ul-Fixed Wing () Aerial-Helicopter	•
Complet	e type of ownership below:	Ownership
() Corp	oration	
() Indiv	idual Name:	Applicator License No.:
() Partr	nership Name:	Applicator License No.:
	Name:	Applicator License No.:
	<u> </u>	Employees
	ators must complete Employee list below. I ent immediately of Employee changes.	Please print. Use additional sheet if needed. Notify the
Name:	ALLEN, THOMAS-E	Oregon Pesticide License No.:
Name:	BAKER, CLAYTON A	Oregon Pesticide License No.: AG-L1000572CIST
Name:	BOWDEN, MARK P	Oregon Pesticide License No.: AG - L1000611CPA
Name:	CLARK, RICKT	Oregon Pesticide License No.:
Name:	COOK, MINVARD	Oregon Pesticide License No.: AG-L1000544CIST
Name:	DEANGELO, MICHAEL	Oregon Pesticide License No.: AG-L1000536CIST
Name:	ELSEN, MARK T	Oregon Pesticide License No.: AG-L100531CIST
Name:	GRANDY, JEFFREY H	Oregon Pesticide License No.: AG-L1000524CIST
Name:	HARRIS, DON A	Oregon Pesticide License No.: AG -L1000541CIST
Name:	JAKUPOVIC, SEVAL	Oregon Pesticide License No.: AG-LI000530C[G]
Name:	KELLER, DAVID W	Oregon Pesticide License No.: A6 - L1000525CIST
Name:	KNUDSEN, LARRY B	Oregon Pesticide License No.: AG-L1000540C[57
Name:	MACKINNON, LEE A	Oregon Pesticide License No.: AG-L1000533CIST
Name:	MCALLERE, PARKS	Oregon Pesticide License No.: AG-L10005750191
Name:	MISHO, RICHARD L	Oregon Pesticide License No.: AG- L1000543CIST
Name:	MISHO, RODGER L	Oregon Pesticide License No.: AG - L0134428CPA



CASCADE GENERAL INC License Number: AG-L0001401CPO Oregon Pesticide License No.: AG-L1001084CIST Name: NOWIK, ANTHONY S Oregon Pesticide License No.: AG-L1000539Cf5T Name: REAGLE, RANDY M Oregon Pesticide License No.: AG: LI 000 534 CIST Name: ROSE, TIMOTHY Name: SCHNEIDER, MATT D Oregon Pesticide License No.: Oregon Pesticide License No.: Name: TEETER KENNETHL TESTER, PONALO Oregon Pesticide License No.: Name: Oregon Pesticide License No.: AG-L1009527C[5] VELASQUEZ, ROBERT O Name: Oregon Pesticide License No.: AG-L0134424CPA WILLINGHAM, JOEL C Name: Oregon Pesticide License No.: AG - L 4000538CIST WOODS, DAVID S Name: Oregon Pesticide License No.: Name: Oregon Pesticide License No.: Name: Oregon Pesticide License No.: Name: Insurance Information NATIONAL LIABILITY AND FIRE INSURANCE CO Carrier Name: Policy Expiration Date: 08/01/2007 Policy Number: LSE000022006 Agent Name: Agent Phone: (503) 248-6477 Signature Required to Renew License I agree to comply with all laws and regulations pertaining to this license including the insurance requirements (financial responsibility) set forth in ORS 634.116 and OAR 603-57-102 required by a Commercial Pesticide Operator. I will notify the Department immediately should any information on this application change or insurance coverage is cancelled, suspended, or modified in any manner. I will also submit a new "self-certification" insurance form when my policy is renewed. I understand that failure to provide proof of insurance coverage is a violation of state law. ____ Title: __ Signature: _ (Must be legal owner or legal representative) () Please delete my license. ODA Pesticide Bulletin? (Please check one) E-mail: Paper: X Not at all:



Commercial Immediately Supervised Trainee 2008 License Renewal Application

DAVID S WOODS C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208 License Number: AG-L1000538CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672 Phone Number:

Portland OR 9/208	Emai	il:		·
Mailing Address (if different from	,	Home Address	:	
·				
Make any Name, Address, and Telepho and make corrections where necessary.				
Commercial In	nmediately Supervised Tra	inee License	Fee	
One Major Category Additional Major Categories	1 @ \$ 50.00 0 @ 7.50 each	TOTAL FE	E DUE	50.00 0.00 50.00
For Visa or Mast	ercard Charges Complete			
Name of Cardholder:		!	Phone:	· · · · · · · · · · · · · · · · · · ·
Address of Cardholder:	·C	ity:	Zip: _	
Card Number:		Expirat	tion Date:	_/
Signature:		Total C	Charges: \$	
For Checks or Money Orders, mail to:	For Credit Card Charg	es, mail or fax t	to:	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	Licensing Oregon Dept of Agricul 635 Capitol St NE Salem OR 97301-2533 Fax: (503) 986-4746			
Make checks payable to Oregon Departr	nent of Agriculture. All dishono	red checks or	electronic pavmo	ents will

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.



DAVID S WOODS

License Number: AG-L1000538CIST

Major Category	
Marine Fouling Organism	ì

Sub-Category

· ·	
REQUIRED INFORMATION – This section is to be completed by your Supervision	ing Applicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CPA	
Supervisor Applicator Signature:	
If the above information is not correct, complete the area below:	
Employer Name:	
Street Address :	 .
City, State, Zip:	
Supervising Applicator Name (Print):	
Supervisor Phone Number:	
Supervisor License Number:	
Supervisor Applicator Signature:	·
	•
Signature Required to Renew License	
I agree to comply with all laws and regulations pertaining to this license. I will not	tify the Oregon Department of
Agriculture immediately should any information on this application change. Licen	nse expires December 31.
Trainee Signature: Warm word	Date: 12/13/07
() Please delete my license.	
	lot at all:

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



RODGER L MISHO 10600 SE MITCHELL Portland OR 97266 License Number: AG-L0134428CPA Current License Expires: 12/31/2007 Phone Number: (503) 760-5453

Phone Number:

Email:

		Linan.		
Mailing Address (if different from	above):	Physical Home Addre	ss:	

	PAYMENT DUE	BY JANUARY 1		
Make any Name, Address, and Teleph and make corrections where necessary	y. Incomplete forms	s will be returned and delay	the issuance of your license.	
One Major Category	1 @ \$ 50.00	Applicator License Fee	50.00	
Additional Major Categories	0 @ 7.50 ea	7.50 each TOTAL FEE DUE		
Certification Period: 01/27/2006 to 12/3		s Complete Information	n Below	
Name of Cardholder:		·	Phone:	
Address of Cardholder:				
Card Number:		Expi	ration Date: /	
Signature: Acalego J. 7	Busho	Total	Charges: \$	
For Checks or Money Orders, mail to:	For Cred	it Card Charges, mail or fa	x to:	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	635 Capi Salem O	Dept of Agriculture		
	.*			

(Continued on back)

license.

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your



RODGER L MISHO

License Number: AG-L0134428CPA

Certification Period: 01/27/2006 to 12/31/2010	10 10 40 41 27 125 42 84 35 34	
Major Category Marine Fouling Organism	in the matter of the court	
Check all that apply to your work: () Aerial-Fixed Wing () Aerial-Helicopter () Home	Inspections Only	
Employer Information	1	
Employer Name: CASCADE GENERAL INC	Operator Lic #: AG-L0001401C	PO
Street Address: PO BOX 4367	Phone: (503) 285-1111	
City, State, Zip: PORTLAND OR 97208	Fax:	
If the above information is not correct, complete the area below:		
Employer Name:	Operator Lic #:	
Street Address:	Phone:	
City, State, Zip:	Fax:	· .
 YOU MUST COMPLETE one of the following statements: () I apply pesticides for the Commercial Pesticide Operator identifies () I do not work for a Commercial Pesticide Operator; I only apply property or commodities. (Including golf courses, hospitals, groundformation requested above. 	ed above. Desticides to my own/my employer Undskeepers, etc.) Complete Employe	:r
() I do not apply pesticides but wish to maintain my license. (Fee r		
() I am no longer a pesticide applicator. Please delete my license.	en e	
Signature Required to Renew	License	
I agree to comply with all laws and regulations pertaining to this license Agriculture immediately should any information on this application char	nge. License expires December 31.	
Licensee Signature: Rodyn 7. mushs	Date: 12-4-0	· 7
	X Not at all:	
VOIL MILET DETLIDA THIS ADDITION TO DENEW	OR DELETE VOLER LICENCE	

·



Commercial Immediately Supervised Trainee 2008 License Renewal Application

ANTHONY S NOWIK C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208 License Number: AG-L1001084CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672

Phone Number: Email:

Mailing Address (if different from above):	Physical Home Address:
<u> </u>	
PAYMENT DUE	BY JANUARY 1

and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form

Commercial Immediately Supervised Trainee License Fee

One Major Category Additional Major Categories 1 @ \$ 50.00 0 @ 7.50 each

.

50.00 0.00

Pest-User

TOTAL FEE DUE

50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder:		Phone:		
Address of Cardholder:	City:	Zip:		
Card Number:	Ex	piration Date:/		
Signature:	То	tal Charges: \$		

For Checks or Money Orders, mail to:

For Credit Card Charges, mail or fax to:

Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395 Licensing

Oregon Dept of Agriculture

635 Capitol St NE Salem OR 97301-2532

Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.



ANTHONY S NOWIK

License Number: AG-L1001084CIST

Major Category Marine Fouling Organism	Sub-Category
	-
REQUIRED INFORMATION - This section is to be	be completed by your Supervising Applicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CPA	
Supervisor Applicator Signature:	
If the above information is not correct, comple	ete the area below:
Employer Name:	<u> </u>
Street Address :	
City, State, Zip:	·
Supervising Applicator Name (Print):	·
Supervisor Phone Number:	·
Supervisor License Number:	
Supervisor Applicator Signature:	
Signature Re	quired to Renew License
I agree to comply with all laws and regulations per Agriculture immediately should any information on	rtaining to this license. I will notify the Oregon Department of this application change. License expires December 31.
Trainee Signature:	Date: 12-06-01
() Please delete my license.	

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: __X Not at all: ____



Commercial Immediately Supervised Trainee 2008 License Renewal Application

JEFFREY H GRANDY C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208 License Number: AG-L1000524CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672

Phone Number:

		Email:		•
Mailing Address (if different from above	/e):	Physical Home	Address:	
PAY	/MENT DUE BY	JANUARY 1		<u> </u>
Make any Name, Address, and Telephone nand make corrections where necessary. Incommendation				
Commercial Imme	ediately Superv	ised Trainee L	icense Fee	
	@ \$ 50.00) @ 7.50 each	TO	TAL FEE DUE	50.00 0.00 50.00
For Visa or Masterc	ard Charges C	omplete inform	nation Below	
Name of Cardholder:			Phone:	
Address of Cardholder:	·	City:	Zip	:
Card Number			Expiration Date:	/
Signature			Total Charges: \$	
For Checks or Money Orders, mail to:	For Credit Ca	ard Charges, ma	il or fax to:	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395 Capitol St NE Salem OR 97301-2532 Fax: (503) 986-4746				

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your

license.



JEFFREY H GRANDY

License Number: AG-L1000524CIST

<u>Maje</u>	<u>or C</u>	<u>atego</u>	ory	
Mari	ine F	oulin	a Or	ganism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising A	Applicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	•
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CPA	
Supervisor Applicator Signature:	
If the above information is not correct, complete the area below:	
Employer Name:	
Street Address :	
City, State, Zip:	·
Supervising Applicator Name (Print):	-
Supervisor Phone Number:	-
Supervisor License Number:	<u>.</u>
Supervisor Applicator Signature:	-
Signature Required to Renew License I agree to comply with all laws and regulations pertaining to this license. I will notify Agriculture immediately should any information on this application change. License Trainee Signature:	
() Please delete my license.	·
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X_ Not a	at all:

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



JOEL C WILLINGHAM C/O CASCADE GENERAL PO BOX 4367 PORTLAND OR 97208 License Number: AG-L0134424CPA Current License Expires: 12/31/2007 Phone Number: (503) 285-1111 Phone Number: (503) 247-1391 Email: jwillingham@casgen.com

Mailing Address (if different from a	above	e): Phy	sical Hom	e Address:	
	PAY	MENT DUE BY JAN	JARY 1		
Make any Name, Address, and Telephor and make corrections where necessary.					
Commercial	cial	Pesticide Applicat	or Licen	se Fee	
One Major Category Additional Major Categories	1 0	@ \$ 50.00 @ 7.50 each	т	OTAL FEE DUE	50.00 0.00 50.00
Certification Period: 02/02/2006 to 12/31	/2010)			
For Visa or Mast	erca	rd Charges Comp	lete Info	rmation Below	
Name of Cardholder:				Phone:	
Address of Cardholder:			City: _	Zip:	
Card Number:					
Signature:			· · · · · · · · · · · · · · · · · · ·	Total Charges: \$	
For Checks or Money Orders, mail to:		For Credit Card C	harges, n	nail or fax to:	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395		Licensing Oregon Dept of A 635 Capitol St NE Salem OR 97301 Pax: (503) 986-4	-2532		

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.



JOEL C WILLINGHAM

License Number: AG-L0134424CPA

Cert	ification Perio	od: 02/02/2006 to 12/31/201	0		
	or Category ine Fouling O		Sub-Category		
		oly to your work: Ving () Aerial-Heli	copter () Home in	spections Only	
			Employer Information		
Emp	oloyer Name:	CASCADE GENERAL IN	C	Operator Lic #:	AG-L0001401CPO
Stre	et Address:	PO BOX 4367		Phone:	(503) 285-1111
City,	, State, Zip:	PORTLAND OR 97208		Fax:	
If th	e above info	rmation is not correct, co	mplete the area below:		
Emp	oloyer Name:			Operator Lic #:	
Stre	et Address:		·	Phone:	
City, State, Zip: Fax:					
YOL () () ()	I apply pest I do not wor property or Information I do not app	k for a Commercial Pesticio commodities. (Including go requested above.	Pesticide Operator identified de Operator; I only apply peolf courses, hospitals, ground aintain my license. (Fee rec	sticides to my own/ dskeepers, etc.) C	
		Signatu	re Required to Renew L	icense	•
			s pertaining to this license. on on this application chang		
Licer	nsee Signatur	e: Joef Willing	han	Da	te: <u>5, Dec. '07</u>
ODA	Pesticide Bu	illetin? (Please check one)	E-mail: Paper:	//////////////////////////////////////	
	,				

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee 2008 License Renewal Application

MICHAEL DEANGELO C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208

License Number: AG-L1000536CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672 Phone Number:

Email:

Mailing Address (if different from		Physical Home Adda	ess:	·
 	PAYMENT DUE		·	
Make any Name, Address, and Teleph and make corrections where necessar				
Commercial	Immediately Sup	ervised Trainee Licer	nse Fee	
One Major Category	1 @ \$ 50.00			50.00
Additional Major Categories	0 @ 7.50 ea		FEE DUE	0.00 50.00
For Visa or Ma Name of Cardholder:	•	s Complete Information		
Address of Cardholder:				
Card Number:			oiration Date:	
Signature:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tot	al Charges: \$	
For Checks or Money Orders, mail to:	For Cred	it Card Charges, mail or t	ax to:	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	635 Capi Salem O) Dept of Agriculture Itol St NE R 97301-2532 3) 986-4746		
Make checks payable to Oregon Depa incur a \$25 administrative fee per ORS	rtment of Agriculture	e. All dishonored checks return this application to	or electronic payr renew or delete y	nents will our

license.



MICHAEL DEANGELO

License Number: AG-L1000536CIST

Major (<u>Categor</u>	Ϋ́
		Organism

Sub-Category

Marine Fouling Organism		
	·	
REQUIRED INFORMATION – This section is to be completed by your Superv	ising Applicator.	
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111		
Supervising Applicator: JOEL C WILLINGHAM		
Supervisor Phone Number:	·····	
Supervisor License Number: AG-L0134424CPA		
Supervisor Applicator Signature:		
If the above information is not correct, complete the area below:		
Employer Name:	<u>. </u>	
Street Address:		
City, State, Zip:	·	
Supervising Applicator Name (Print):		
Supervisor Phone Number:	 .	
Supervisor License Number:		
Supervisor Applicator Signature:		•
		di ek iya ak
Signature Required to Renew License agree to comply with all laws and regulations pertaining to this license. I will re	notify the Oregon Dep	
Agriculture immediately should any information on this application change. Lic		
Trainee Signature: Mulael Selingels	Date: _ <i>&</i>	er 6/0]
) Please delete my license.		
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X	Not at all:	

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee 2008 License Renewal Application

LEE A MACKINNON C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208

License Number: AG-L1000533CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672 Phone Number:

above	e): Pr	nysical Home			
					- -
	·		e e		-
PAY	MENT DUE BY JAI	NUARY 1			
. Inco	mplete forms will be	returned and	d delay the issuance		
		ed Trainee I	icense Fee		50.00
-					50.00 0.00
	•	ТО	TAL FEE DUE		50.00
terca	rd Charges Com	plete Inforr	nation Below		
		· · · · · · · · · · · · · · · · · · ·	Phone:		
		City:	Zip):	
		 	Expiration Date:	/	
			Total Charges: \$		
	For Credit Card	Charges, ma	il or fax to:		
	Licensing Oregon Dept of	Agriculture		,	
	PAYIONE NU. Incor	PAYMENT DUE BY JAI one number changes ABC Incomplete forms will be mmediately Supervise 1 @ \$ 50.00 0 @ 7.50 each tercard Charges Com For Credit Card Licensing	PAYMENT DUE BY JANUARY 1 one number changes ABOVE. Please Incomplete forms will be returned and mmediately Supervised Trainee L 1 @ \$ 50.00 0 @ 7.50 each TO tercard Charges Complete Inform City: For Credit Card Charges, matalicensing	PAYMENT DUE BY JANUARY 1 one number changes ABOVE. Please complete the remain. Incomplete forms will be returned and delay the issuance mmediately Supervised Trainee License Fee 1	PAYMENT DUE BY JANUARY 1 one number changes ABOVE. Please complete the remainder of to Incomplete forms will be returned and delay the issuance of your mediately Supervised Trainee License Fee 1

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.



LEE A MACKINNON

License Number: AG-L1000533CIST

Major (<u>Categor</u>	Y
Marine	Fouling	Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising App	licator.	
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111		
Supervising Applicator: JOEL C WILLINGHAM		
Supervisor Phone Number:		
Supervisor License Number: AG-L0134424CPA		
Supervisor Applicator Signature:		
If the above information is not correct, complete the area below:		
Employer Name:		
Street Address :		
City, State, Zip:		
Supervising Applicator Name (Print):		
Supervisor Phone Number:		
Supervisor License Number:		
Supervisor Applicator Signature:		
		
Signature Required to Renew License		
I agree to comply with all laws and regulations pertaining to this license. I will notify the Agriculture immediately should any information on this application change. License exp	ires December	31.
Trainee Signature: Le A Alla Z	Date: 12-6	-07
() Please delete my license.		
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X Not at a	II:	

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee 2008 License Renewal Application

RANDY M REAGLE C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208

License Number: AG-L1000539CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672 Phone Number:

Email:

Mailing Address (if different from abo	ve):	-	Physical F	lome Add	ress:		
PA		IT DUE BY	JANUARY				·
Make any Name, Address, and Telephone and make corrections where necessary. Inc							
Commercial Imme	ediate	ely Super	vised Traiı	nee Lice	nse Fee		
		\$ 50.00					50.00
Additional Major Categories	0 @	7.50 each		TOTAL	FEE DUE	·	0.00 50.00
For Visa or Mastero		_	-				
Address of Cardholder:			Cit	y:		Zip: _	
Card Number:				_ Ex	piration Date	ə:	_/
Signature:				To	tal Charges:	\$	
For Checks or Money Orders, mail to:	F	For Credit C	ard Charge	s, mail or	fax to:		
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	6	35 Capitol	ot of Agricult St NE 97301-2532				

license.



RANDY M REAGLE

License Number: AG-L1000539CIST

Major Category Marine Fouling Organism	Sub-Category
REQUIRED INFORMATION – This section is to be	
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	·
Supervisor License Number: AG-L0134424CPA	
Supervisor Applicator Signature:	
If the above information is not correct, comple	ete the area below:
Employer Name:	
Street Address :	
City; State, Zip:	
Supervising Applicator Name (Print):	· · · · · · · · · · · · · · · · · · ·
Supervisor Phone Number:	
Supervisor License Number:	
Supervisor Applicator Signature:	· · · · · · · · · · · · · · · · · · ·
Signature Re	equired to Renew License
	ertaining to this license. I will notify the Oregon Department of n this application change. License expires December 31.
Trainee Signature: Kans m Kee	ogli Date: 126/07

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: __X Not at all: _____



Commercial Immediately Supervised Trainee 2008 License Renewal Application

MARK T ELSEN C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208 License Number: AG-L1000531CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672

Phone Number:

	,	Email:			
Mailing Address (if different fro	om above):	Physical Home	Address:		
	PAYMENT DUE B	Y JANUARY 1			
Make any Name, Address, and Telepand make corrections where necessary					
Commercia	I Immediately Supe	rvised Trainee	License Fee		
One Major Category Additional Major Categories	1 @ \$ 50.00 0 @ 7.50 each	•			50.00 0.00
Additional Major Categories	0 @ 7.50 eaci		OTAL FEE DUE		50.00
For Visa or M	astercard Charges	Complete Infor	mation Below	•	
Name of Cardholder:		***	Phone: _		-
Address of Cardholder:	. ,	City: _		Zip:	
Card Number:			Expiration Date	:/_	
Signature:		,	_ Total Charges:	\$	
For Checks or Money Orders, mail to	: For Credit	Card Charges, ma	ail or fax to:		
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	635 Capito Salem OR	ept of Agriculture ol St NE 97301-2532) 986-4746			
Make checks payable to Oregon Depincur a \$25 administrative fee per OR					vill

(Continued on back)

license.



MARK T ELSEN

License Number: AG-L1000531CIST

Major Category	
Marine Fouling Orga	nisn

Sub-Category

Manne Founty Organism
REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111
Supervising Applicator: JOEL C WILLINGHAM
Supervisor Phone Number:
Supervisor License Number: AG-L0134424CPA
Supervisor Applicator Signature:
If the above information is not correct, complete the area below:
Employer Name:
Street Address :
City, State, Zip:
Supervising Applicator Name (Print):
Supervisor Phone Number:
Supervisor License Number:
Supervisor Applicator Signature:
Signature Required to Renew License
I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.
Trainee Signature:
() Please delete my license.
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X Not at all:

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee 2008 License Renewal Application

ROBERT O VELASQUEZ C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208 License Number: AG-L1000527CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672

Phone Number:

· Shand Off Orzos		Email:		
Mailing Address (if different from	m above):	Physical Home Addre		
· .	PAYMENT DUE BY			
Make any Name, Address, and Telephand make corrections where necessar				
Commercial	Immediately Supe	rvised Trainee Licens	se Fee	
One Major Category Additional Major Categories	1 @ \$ 50.00 0 @ 7.50 each		EE DUE	50.00 0.00 50.00
For Visa or Ma	stercard Charges	Complete Information	n Below	
Name of Cardholder:	Phone:			
Address of Cardholder:		City:	Zip: _	
Card Number:				
Signature:		Tota	Charges: \$	
For Checks or Money Orders, mail to:	For Credit	Card Charges, mail or fa	x to:	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	635 Capito	97301-2532		
Make checks payable to Oregon Dena	rtment of Agriculture	All dishonored checks of	or electronic navm	ente will

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.



ROBERT O VELASQUEZ

License Number: AG-L1000527CIST

<u>Major</u>	<u>Categ</u>	ory	
Marine	Foulir	na Or	ganism

Sub-Category

The state of the s		
REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.		
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111		
Supervising Applicator: JOEL C WILLINGHAM		
Supervisor Phone Number:		
Supervisor License Number: AG-L0134424CPA		
Supervisor Applicator Signature:		
If the above information is not correct, complete the area below:		
Employer Name:		
Street Address :		
City, State, Zip:		
Supervising Applicator Name (Print):		
Supervisor Phone Number:		ί.
Supervisor License Number:		
Supervisor Applicator Signature:		
		•
Signature Required to Renew License		
·	Danada	ant at
I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregor Agriculture immediately should any information on this application change. License expires De	cember 3	1.
Trainee Signature: Robert Velastoce Date:	126	07
() Please delete my license.		
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X Not at all:		



Commercial Immediately Supervised Trainee 2008 License Renewal Application

SEVAL JAKUPOVIC C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208

License Number: AG-L1000530CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672

Phone Number:

	Emaii:	
Mailing Address (if different from ab	pove): Physical Homo	e Address:
Р	AYMENT DUE BY JANUARY 1	
Make any Name, Address, and Telephone and make corrections where necessary. Ir		
Commercial Imr	nediately Supervised Trainee	License Fee
One Major Category Additional Major Categories	1 @ \$ 50.00 0 @ 7.50 each	50.00 0.00 OTAL FEE DUE 50.00
For Visa or Maste	rcard Charges Complete Info	rmation Below
Name of Cardholder:		Phone:
Address of Cardholder:	City: _	Zip:
Card Number:		Expiration Date:/
Signature:		Total Charges: \$
For Checks or Money Orders, mail to:	For Credit Card Charges, m	ail or fax to:
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	Licensing Oregon Dept of Agriculture 635 Capitol St NE Salem OR 97301-2532 Fax: (503) 986-4746	
		the second secon

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.



SEVAL JAKUPOVIC

License Number: AG-L1000530CIST

<u>Major</u>	Catego	Y .	
Marine	Fouling	Orga	nism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervis	sing Applicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CPA	
Supervisor Applicator Signature:	
f the above information is not correct, complete the area below:	
Employer Name:	
Street Address :	
City, State, Zip:	
Supervising Applicator Name (Print):	
Supervisor Phone Number:	
Supervisor License Number:	
Supervisor Applicator Signature:	· ·
Cianatura Danuirad to Danay License	
Signature Required to Renew License	White Out of Decision
agree to comply with all laws and requiations pertaining to this license. I will no Agriculture immediately should any whom patien on this application change. Lice	
rainee Signature:	Date: 12 6 ~ 0 7
) Please delete my license.	
DDA Pesticide Bulletin? (Please check one) E-mail: Paper: X I	Not at all:



Commercial Immediately Supervised Trainee 2008 License Renewal Application

TIMOTHY ROSE C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208

License Number: AG-L1000534CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672 Phone Number:

Email:

Mailing Address (if different from above):	Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category Additional Major Categories @ \$ 50.00

50.00

0 @ 7.50 each

TOTAL FEE DUE

0.00 50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder:	P	hone:
Address of Cardholder:	City:	Zip:
Card Number:	Expiration Expiration	on Date:/
Signature:	Total Ch	narges: \$

For Checks or Money Orders, mail to:

For Credit Card Charges, mail or fax to:

Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395

Licensing

Oregon Dept of Agriculture

635 Capitol St NE

Salem OR 97301-2532

Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your ticense.



TIMOTHY ROSE

License Number: AG-L1000534CIST

<u>Major</u>	<u>Categor</u>	X
Marine	Fouling	Organism

Sub-Category

Marine Fouling Organism	
·	
REQUIRED INFORMATION – This section is to be completed by your Supervising A	pplicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CPA	,
Supervisor Applicator Signature:	
If the above information is not correct, complete the area below:	
Employer Name:	
Street Address :	
City, State, Zip:	
Supervising Applicator Name (Print):	
Supervisor Phone Number:	
Supervisor License Number:	
Supervisor Applicator Signature:	
	•
Signature Required to Renew License	
I agree to comply with all laws and regulations pertaining to this license. I will notify the Agriculture immediately should any information on this application change. License experiences are application change.	
Trainee Signature: Limothy Rose	Date: <u>/2~6~07</u>
() Please delete my license.	
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X Not at	all:



Commercial Immediately Supervised Trainee 2008 License Renewal Application

PARKS MCALLERE C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208

License Number: AG-L1000535CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672

Phone Number:

	· Email:	· ·
Mailing Address (if different from	above): Physical Hor	me Address:
	PAYMENT DUE BY JANUARY 1	
Make any Name, Address, and Telepho and make corrections where necessary		
Commercial I	mmediately Supervised Traine	e License Fee
One Major Category Additional Major Categories	1 @ \$ 50.00 0 @ 7.50 each	50.00 0.00 TOTAL FEE DUE 50.00
For Visa or Mas	stercard Charges Complete Inf	ormation Below
Name of Cardholder:		Phone:
Address of Cardholder:	City:	Zip:
Card Number:		Expiration Date:/
Signature:	shi	Total Charges: \$
For Checks or Money Orders, mail to:	For Credit Card Charges,	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	Licensing Oregon Dept of Agricultur 635 Capitol St NE Salem OR 97301-2532 Fax: (503) 986-4746	e

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.



PARKS MCALLERE

License Number: AG-L1000535CIST

Major (<u>Category</u>	L
Marine	Fouling (Organism

Sub-Category

Warne i Ouling Organism	
REQUIRED INFORMATION – This section is to be completed by your Supervising	ng Applicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CPA	
Supervisor Applicator Signature:	
If the above information is not correct, complete the area below:	
Employer Name:	 .
Street Address :	
City, State, Zip:	
Supervising Applicator Name (Print):	-
Supervisor Phone Number:	
Supervisor License Number:	·
Supervisor Applicator Signature:	
· · · · · · · · · · · · · · · · · · ·	
Signature Required to Renew License	
I agree to comply with all laws and regulations pertaining to this license. I will not Agriculture immediately should any information on this application change. Licenstrainee Signature:	
() Please delete my license.	
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X N	ot at all:



Commercial Immediately Supervised Trainee 2008 License Renewal Application

RICHARD L MISHO CASCADE GENERAL PO BOX 4367 Portland OR 97208 License Number: AG-L1000543CIST Current License Expires: 12/31/2007 Phone Number: (503) 453-9798 Phone Number: (503) 453-9798

Email:

Mailing Address (if different from	above):	Physical Home Ad	ldress:	
	·	-		
	PAYMENT DUE			
Make any Name, Address, and Telepho and make corrections where necessary.				
Commercial In	nmediately Sup	ervised Trainee Lic	ense Fee	
One Major Category	1 @ \$ 50.00			50.00
Additional Major Categories	0 @ 7.50 ea		L FEE DUE	0.00 50.00
For Visa or Mass		s Complete Informa		***
Address of Cardholder:		City:	Zip:	
Card Number:		•		
Signature:				
For Checks or Money Orders, mail to:	For Cred	iit Card Charges, mail c	or fax to:	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	635 Capi Salem O	Dept of Agriculture Dept of Agriculture itol St NE R 97301-2532 3) 986-4746		9
Make checks payable to Oregon Departi				

license.



Sub-Category

RICHARD L MISHO

Major Category

Marine Fouling Organism

License Number: AG-L1000543CIST

REQUIRED INFORMATION – This section is to be completed by your Supervising A	pplicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CPA	
Supervisor Applicator Signature:	
If the above information is not correct, complete the area below:	
Employer Name:	
Street Address :	•
City, State, Zip:	

Supervising Applicator Name (Print):

Supervisor Phone Number:

Supervisor License Number:

Supervisor Applicator Signature:

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: R. Musika Date: 12-7-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: Paper: X Not at all:



Commercial Immediately Supervised Trainee 2008 License Renewal Application

DON A HARRIS C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208

License Number: AG-L1000541CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672 Phone Number:

			Email:		
Mailing Address (if different from	n above)	:	Physical Home	e Address:	
· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·					
	PAYM	IENT DUE BY	JANUARY 1		
Make any Name, Address, and Teleph and make corrections where necessal	y. Incom	plete forms w		nd delay the issuance o	
One Major Category	1	@ \$ 50.00			50.00
Additional Major Categories	0	@ 7.50 each		OTAL FEE DUE	50.00
For Visa or Ma	stercar	d Charges (complete Info	mation Below	
Name of Cardholder:				Phone:	
Address of Cardholder:		*************************************	City: _	Zip:	
Card Number:		<u> </u>		Expiration Date:	/
Signature:				_ Total Charges: \$	
For Checks or Money Orders, mail to:		For Credit (Card Charges, m	ail or fax to:	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395		635 Capitol	97301-2532		
Make checks payable to Oregon Depa incur a \$25 administrative fee per ORS					

(Continued on back)

license.



DON A HARRIS

License Number: AG-L1000541CIST

Major Category Marine Fouling Organism	<u>Sub-Category</u>
	to be completed by your Supervising Applicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CP	A
Supervisor Applicator Signature:	
If the above information is not correct, com	plete the area below:
Employer Name:	
Street Address :	······································
City, State, Zip:	
Supervising Applicator Name (Print):	
Supervisor Phone Number:	
Supervisor License Number:	· · · · · · · · · · · · · · · · · · ·
Supervisor Applicator Signature:	
Signature	Required to Renew License
	pertaining to this license. I will notify the Oregon Department of on this application change. License expires December 31.

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: __X Not at all: _____

Trainee Signature: _(

() Please delete my license.



Commercial Immediately Supervised Trainee 2008 License Renewal Application

DAVID W KELLER C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208 License Number: AG-L1000525CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672 Phone Number:

Email:

•					
Mailing Address (if different from abo	ove):	Physical Home			
•					-
					- -
					<u>.</u>
PA	YMENT DUE BY	JANUARY 1			
Make any Name, Address, and Telephone and make corrections where necessary. In					
Commercial Imm	ediately Super	vised Trainee I	icense Fee		
	1 @ \$ 50.00 0 @ 7.50 each				50.00 0.00
Additional Major Categories	0 & 7.50 each		TAL FEE DUE		50.00
For Visa or Master	card Charges (Complete Infor	nation Below		
Name of Cardholder:			Phone:		
Address of Cardholder:					
Card Number:			Expiration Date:	/	
Signature:					
For Checks or Money Orders, mail to:	For Credit (Card Charges, ma	uil or fax to:		
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	635 Capitol	97301-2532	·		

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.



Sub-Category

DAVID W KELLER

Major Category

License Number: AG-L1000525CIST

Pest-User

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator. AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 [503] 285-1111 Supervising Applicator: JOEL C WILLINGHAM Supervisor Phone Number: Supervisor License Number: AG-L0134424CPA Supervisor Applicator Signature: f the above information is not correct, complete the area below: Employer Name: Street Address: City, State, Zip: Supervising Applicator Name (Print): Supervisor Phone Number:	warne Fouling Organism	
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111 Supervising Applicator: JOEL C WILLINGHAM Supervisor Phone Number: Supervisor License Number: AG-L0134424CPA Supervisor Applicator Signature: f the above information is not correct, complete the area below: Employer Name: Street Address: City, State, Zip: Supervising Applicator Name (Print):		
CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111 Supervising Applicator: JOEL C WILLINGHAM Supervisor Phone Number: Supervisor License Number: AG-L0134424CPA Supervisor Applicator Signature: If the above information is not correct, complete the area below: Employer Name: Street Address: City, State, Zip: Supervising Applicator Name (Print):		oplicator.
Supervisor Phone Number:	CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208	
Supervisor License Number: AG-L0134424CPA Supervisor Applicator Signature: f the above information is not correct, complete the area below: Employer Name: Street Address: City, State, Zip: Supervising Applicator Name (Print):	Supervising Applicator: JOEL C WILLINGHAM	,
Supervisor Applicator Signature: f the above information is not correct, complete the area below: Employer Name: Street Address: City, State, Zip: Supervising Applicator Name (Print):	Supervisor Phone Number:	
f the above information is not correct, complete the area below: Employer Name: Street Address: City, State, Zip: Supervising Applicator Name (Print):	Supervisor License Number: AG-L0134424CPA	
Employer Name: Street Address : City, State, Zip: Supervising Applicator Name (Print):	Supervisor Applicator Signature:	
Street Address : City, State, Zip: Supervising Applicator Name (Print):	f the above information is not correct, complete the area below:	
City, State, Zip: Supervising Applicator Name (Print):	Employer Name:	
Supervising Applicator Name (Print):	Street Address:	
	City, State, Zip:	
Supervisor Phone Number:	Supervising Applicator Name (Print):	
	Supervisor Phone Number:	

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Date: 12-1-07

() Please delete my license.

Supervisor License Number: _

Supervisor Applicator Signature:

ODA Pesticide Bulletin? (Please check one) E-mail: Paper: X Not at all:



Commercial Immediately Supervised Trainee 2008 License Renewal Application

CLAYTON A BAKER C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208 License Number: AG-L1000532CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672

Phone Number:

Email:

Mailing Address (if different from above):		Physical Home A	Physical Home Address:			
· · · · · · · · · · · · · · · · · · ·						
	PAYN	JANUARY 1				
Make any Name, Address, and Telep and make corrections where necessar						
Commercial	Immedi	iately Super	vised Trainee Lic	ense Fee		
One Major Category		@ \$ 50.00			50.00	
Additional Major Categories		@ 7.50 each	TOTAL FEE DUE		50.00	
For Visa or Ma	astercar	d Charges C	complete Informa	ation Below		
Name of Cardholder:				Phone:		
Address of Cardholder:		····	City:	Zi	p:	
Card Number:				Expiration Date: _	/	
Signature:						
For Checks or Money Orders, mail to:		For Credit C	ard Charges, mail	or fax to:		
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395		Licensing Oregon Dep 635 Capitol Salem OR Fax: (503)	97301-2532			
Make checks payable to Oregon Depincur a \$25 administrative fee per OR	artment o S 30.701	f Agriculture. You must re	All dishonored checturn this application	cks or electronic particles	ayments will e your	

license.



CLAYTON A BAKER

License Number: AG-L1000532CIST

Major (Catego	ny	
Marine	Fouling	g Organ	nism

Sub-Category

Marine Fouling Organism	
REQUIRED INFORMATION – This section is to be completed by your Supervising	Applicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CPA	
Supervisor Applicator Signature:	
If the above information is not correct, complete the area below:	
Employer Name:	
Street Address :	
City, State, Zip:	-
Supervising Applicator Name (Print):	
Supervisor Phone Number:	-
Supervisor License Number:	-
Supervisor Applicator Signature:	-
Signature Required to Renew License	
I agree to comply with all laws and regulations pertaining to this license. I will notify	the Oregon Department of
Agriculture immediately should any information on this application change. License	expires December 31.
Trainee Signature: Compton ABah	Date: 12/7/07
() Please delete my license.	
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X Not a	ut all:

license.



Commercial Immediately Supervised Trainee 2008 License Renewal Application

MINVARD COOK C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208

License Number: AG-L1000544CIST Current License Expires: 12/31/2007 Phone Number: (503) 247-1672 Phone Number:

Email:

			Lindii,		•
Mailing Address (if different from a	bove):	Physical Home		
1	PAYN	MENT DUE BY	JANUARY 1		
Make any Name, Address, and Telephor and make corrections where necessary.	Incor	nplete forms w	ill be returned ar	d delay the issuance of	er of this form your license.
Commercial Im		• •			50.00
One Major Category Additional Major Categories		@ \$ 50.00 @ 7.50 each			50.00 0.00
	_			OTAL FEE DUE	50.00
For Visa or Maste	erca	rd Charges C	Complete Infor	mation Below	٠.
Name of Cardholder:				Phone:	
Address of Cardholder:			City: _	Zip:	
Card Number:		····		Expiration Date:	/
Signature:				Total Charges: \$	
For Checks or Money Orders, mail to:		For Credit C	Card Charges, m	ail or fax to:	
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395		635 Capitol	97301-2532		
Make checks payable to Oregon Departminur a \$25 administrative fee per ORS 30	nent d 0.701	of Agriculture. You must re	All dishonored c turn this applicat	hecks or electronic payr ion to renew or delete y	ments will our

(Continued on back)



MINVARD COOK

License Number: AG-L1000544CIST

<u>Major</u>	Catego	ry
Marine	Fouling	Organism

Sub-Category

Marine Fouling Organism	
REQUIRED INFORMATION – This section is to be completed by your Supervising App	olicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111	
Supervising Applicator: JOEL C WILLINGHAM	•
Supervisor Phone Number:	
Supervisor License Number: AG-L0134424CPA	
Supervisor Applicator Signature:	
If the above information is not correct, complete the area below:	
Employer Name:	
Street Address :	
City, State, Zip:	
Supervising Applicator Name (Print):	
Supervisor Phone Number:	
Supervisor License Number:	
Supervisor Applicator Signature:	•
Signature Required to Renew License	
Lagree to comply with all laws and regulations pertaining to this license. I will notify the	Oregon Department of bires December 31.
Agriculture immediately should any information on this application change. License experimental and the signature:	Date 12-7-07
() Please delete my license.	
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X Not at a	ılı:



MARK P BOWDEN CASCADE GENERAL PO BOX 4367 Portland OR 97208 License Number: AG-L1000611CPA Current License Expires: 12/31/2007 Phone Number: (503) 704-7865 Phone Number: (503) 247-1392 Email: mbowden@casgen.com

Mailing Address (if different from	· · · · · · · · · · · · · · · · · · ·		Physical Home Address:			
Make any Name, Address, and Teleph	PAYMENT DU	E BY JANUARY 1				
and make corrections where necessar						
Comme	ercial Pesticide	Applicator License	e Fee			
One Major Category Additional Major Categories	1 @ \$ 50.0 0 @ 7.50 e	ach	TAL FEE DUE		50.00 0.00 50.00	
Certification Period: 01/26/2006 to 12/3		es Complete Inforn	nation Below	· · · · · · · · · · · · · · · · · · ·		
Name of Cardholder:			Phone:			
Address of Cardholder:		City:		Zip:		
Card Number:			Expiration Da	ite:	/	
Signature:	contact to		Total Charges	s: \$		
For Checks or Money Orders, mail to:	For Cre	edit Card Charges, ma	l or fax to:			
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	635 Ca Salem (ng Dept of Agriculture pitol St NE OR 97301-2532 03) 986-4746	·		·	
Make checks payable to Oregon Depar	tment of Agricultu	re. All dishonored ch	ecks or electro	nic paymen	ts will	

(Continued on back)

incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your

license.



MARK P BOWDEN

License Number: AG-L1000611CPA

Certification Period: 01/26/2006 to 12/31/2010	
Major Category Marine Fouling Organism	
Check all that apply to your work: () Aerial-Fixed Wing () Aerial-Helicopter () Home I	nspections Only
Employer Information	
Employer Name: CASCADE GENERAL	Operator Lic #: A6-L1000611CPA
Street Address: 5555 N CHANNEL AVE	Phone: <u>503 - 704 - 786</u> 5
City, State, Zip: Portland OR 97217	Fax:
If the above information is not correct, complete the area below:	
Employer Name: MARK BOWDEN	Operator Lic #:
Street Address:	Phone:
City, State, Zip:	
YOU MUST COMPLETE one of the following statements: () I apply pesticides for the Commercial Pesticide Operator identified () I do not work for a Commercial Pesticide Operator; I only apply perproperty or commodities. (Including golf courses, hospitals, ground Information requested above. () I do not apply pesticides but wish to maintain my license. (Fee recommendation of the property of th	esticides to my own/my employer ndskeepers, etc.) Complete Employer
() I am no longer a pesticide applicator. Please delete my license.	
Signature Required to Renew I	License
I agree to comply with all laws and regulations pertaining to this license. Agriculture immediately should any information on this application change	
Licensee Signature: Maul Boul	Date: <u>12-6-07</u>
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:	X Not at all:



Commercial Immediately Supervised Trainee 2008 License Renewal Application

LARRY B KNUDSEN C/O CASCADE GENERAL PO BOX 4367 Portland OR 97208

License Number: AG-L1000540CIST Current License Expires: 12/31/2007 Phone Number: (503) 246-4008

Phone Number:

		Email:			
Mailing Address (if different from above):		Physical Home	Address:		
	,				
					
	PAYMENT DUE B	Y JANUARY 1		•	
Make any Name, Address, and Telephorand make corrections where necessary.					
Commercial Im	nmediately Supe	rvised Trainee l	icense Fee		
One Major Category	1 @ \$ 50.00			50.00	
Additional Major Categories	0 @ 7.50 each		0.00 DTAL FEE DUE 50.00		
For Visa or Mast	ercard Charges	Complete Infor	nation Below		
Name of Cardholder:			Phone:		
Address of Cardholder:		City:	Zip	o:	
Card Number:			Expiration Date:	/	
Signature:			Total Charges: \$		
For Checks or Money Orders, mail to:	For Credit	Card Charges, ma	uil or fax to:		
Oregon Dept of Agriculture PO Box 4395 Unit 16 Portland OR 97208-4395	635 Capito	97301-2532			
Make checks payable to Oregon Departn	nent of Agriculture.	All dishonored ch	ecks or electronic pa	yments will	

incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.



LARRY B KNUDSEN

License Number: AG-L1000540CIST

Major (<u>Categor</u>	Y	
Marine	Fouling	Organ	ism

Sub-Category

en de la companya de La companya de la co
REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.
AG-L0001401CPO CASCADE GENERAL INC PO BOX 4367 PORTLAND OR 97208 (503) 285-1111
Supervising Applicator: JOEL C WILLINGHAM
Supervisor Phone Number:
Supervisor License Number: AG-L0134424CPA
Supervisor Applicator Signature:
If the above information is not correct, complete the area below:
Employer Name:
Street Address :
City, State, Zip:
Supervising Applicator Name (Print):
Supervisor Phone Number:
Supervisor License Number:
Supervisor Applicator Signature:
en de la companya de
Signature Required to Renew License
I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.
Trainee Signature: Larry Purulses Date: 12-17-07
() Please delete my license.
ODA Pesticide Bulletin? (Please check one) E-mail: Paper:X Not at all:



Department of Agriculture

635 Capitol Street NE Salem, OR 97301-2532



January 8, 2002

CASCADE GENERAL INC ATTN: T ALAN SCOTT PO BOX 4367 PORTLAND OR 97208

The Oregon Department of Agriculture Pesticides Division is in receipt of your new license application for a 2002 Commercial Pesticide Operator license. This license is based upon a current Commercial Pesticide Applicator license of a person employed by your company, sole proprietor or officer of the company. This applicator must be licensed in the categories or specific sub categories corresponding to those requested on the Operator license.

Based on the information provided on your Operator license application, our records do not verify that a Commercial Pesticide Applicator working for your company is currently licensed for the year 2002. This information must be provided to our office before ODA will issue a new operator license for the year 2002. Please respond to this request for information within 10 working days. If no response if received within this period of time, your Pesticide Operator License application will be denied and your application fee refunded.

Pesticide Licensing Section

(503) 986-4638

Cascade General, Inc.	Oregon Pesticide Lic #:	01401
Fasilis, Dimitrois K.		158421
Knudsen, Larry B		158420
Misho, Rodger L.		134428
Bray, Randall		122333
Peltier, Scott L		134429
Willingham, Joel C.		134424
Daniels, Douglas D.		158419
Clark, Bruce E.		134430
Miller, Les		144655
Morgan, Dennis		144649

OREGON DEPT OF AGRICULTURE 635 Capitol St. NE Salem, OR 97301-2532 503/986-4635



PRINTED: 11/16/2000

Commercial Pesticide Applicator TRAINING REPORT

COATES, ROBERT K PO BOX 4367 PORTLAND OR 97208

Firm #: 133561 County: MULTNOMAH

Phone: 503/285-1111

License #: 134423 Type: 68

Certification Begin: Certification End:

12/14/1995

Initiated: Renewed:

01/04/1996

12/31/2000

Expiration:

03/01/2000

12/31/2000

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session # Type Date

Description

City

No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1 12/14/1995 12/31/1996			Year 4 01/01/1999 12/31/1999	Year 5 01/01/2000 12/31/2000	Total Hours
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

O credit hours out of the 40 required credit hours have been completed. * * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

FIRM NO.

117675 090481

BUSINESS

LOCATION 5555 N CHANNEL PORTLAND, OR 97208

LICENSE TYPE

LICENSE NUMBER DATE ISSUED DATE **EXPRESS**

CATEGORIES OF LICENSE MARINE FOULING

67

01401

02/06/2001 12/31/2001

Commercial Pesticide Operator License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Operator LICENSE NO: 01401 EXPIRES: 12/31/2001

> CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

01401-67

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE .:

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

PASILIS. DIMITRIOS K

C/O CASCADE GENERAL PO BOX 4768

PORTLAND, OR 97208

FIRM NO

092724 092724

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE ISSUED DATE **EXPRESS** CATEGORIES OF LICENSE

MARINE FOULING

158421 68

01/22/2001 12/31/2001

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/15/2000-12/31/2005

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator

LICENSE NO: 158421

EXPIRES: 12/31/2001

FASILIS, DIMITRIOS K C/O CASCADE GENERAL

PO BOX 4768

PORTLAND, OR 97208

CATEGORIES OF LICENSE

MARINE FOULING

158421-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

15.00

LICENSEE

KNUDSEN, LARRY B C/O CASCADE GENERAL PO BOX 4768 PORTLAND, OR 97208 FIRM NO.

102122 102122

BUSINESS LOCATION

LICENSE TYPE LICENSE

DATE

DATE EXPRESS CATEGORIES OF LICENSE

MARINE FOULING

68 158420 01/22/2001 12/31/2001 Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/15/2000-12/31/2005

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Commercial Pesticide Applicator

LICENSE NO: 158420 EXPIRES: 12/31/2001

KNUDSEN, LARRY B

C/O CASCADE GENERAL

PO BOX 4768

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

158420-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MISHO, RODGER L

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

133562 133562

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER DATE ISSUED DATE EXPRESS CATEGORIES OF LICENSE MARINE FOULING

68

134428

01/22/2001 12/31/2001

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/15/2000-12/31/2005

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Commercial Pesticide Applicator

LICENSE NO: 134428 EXPIRES: 12/31/2001

MISHO, RODGER L

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134428-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BRAY, RANDALL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

122124 122124

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE ISSUED DATE **EXPRESS** CATEGORIES OF LICENSE

MARINE FOULING

69 122333 01/22/2001 12/31/2001

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train|e LICENSE NO: 122333 EXPIRES: 12/31/2001

BRAY, RANDALL

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE

122333-69

MARINE FOULING

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

133563 133563

BUSINESS LOCATION

LICENSE

LICENSE NUMBER

ISSUED

CATEGORIES OF LICENSE

MARINE FOULING

134429

01/22/2001 12/31/2001 15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/15/2000-12/31/2005 -

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator LICENSE NO: 134429 EXPIRES: 12/31/2001

PELTIER, SCOTT L C/O CASCADE GENERAL PO BOX 4367 PORTLAND, OR 97208

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST UPPER PART IN A CONSPICUOUS PLACE.

CATEGORIES OF LICENSE MARINE FOULING

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WILLINGHAM, JOEL C C/O CASCADE GENERAL PO BOX 4367 PORTLAND, OR 97208 FIRM NO.

122117 122117

CATEGORIES OF LICENSE

BUSINESS LOCATION

LICENSE TYPE LICENSE

DATE

DATE

MARINE FOULING

15.00

68 134424 01/22/2001 12/31/2001 Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/15/2000-12/31/2005

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134424 EXPIRES: 12/31/2001
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

134424-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

DANIELS, DOUGLAS D C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

156326 156326

BUSINESS LOCATION

LICENSE TYPE LICENSE NUMBER

DATE

DATE EXPRESS CATEGORIES OF LICENSE

MARINE FOULING

68 158419

01/22/2001 12/31/2001

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/15/2000-12/31/2005

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 158419 EXPIRES: 12/31/2001
DANIELS, DOUGLAS D
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

158419-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CLARK, BRUCE E

C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

FIRM NO.

133564 133564

BUSINESS LOCATION

LICENSE TYPE

LICENSE NUMBER DATE ISSUED DATE EXPRESS CATEGORIES OF LICENSE

MARINE FOULING

134430

01/22/2001 12/31/2001

15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/15/2000-12/31/2005

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Applicator

LICENSE NO: 134430 EXPIRES: 12/31/2001

CLARK, BRUCE E C/O CASCADE GENERAL

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE MARINE FOULING

134430-68

POST THIS LICENSE IN A CONSPICUOUS PLACE

FIRM NO.

143313 143313

BUSINESS LOCATION

LICENSEE

MILLER, LES

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

LICENSE TYPE

LICENSE NUMBER

DATE ISSUED DATE **EXPRESS**

CATEGORIES OF LICENSE MARINE FOULTNG

69 144655

01/22/2001 12/31/2001

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train|e LICENSE NO: 144655 EXPIRES: 12/31/2001

MILLER, LES

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE

MARINE FOULING

POST THIS LICENSE IN A CONSPICUOUS PLACE

FIRM NO.

MORGAN, DENNIS

C/O CASCADGE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

143307 143307

BUSINESS LOCATION

LICENSE TYPE

LICENSEE

LICENSE NUMBER DATE ISSUED DATE EXPRESS CATEGORIES OF LICENSE

MARINE FOULING

69 144649 01/22/2001 12/31/2001

15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Immediately Supervised Comc'l Pesticide Train e LICENSE NO: 144649 EXPIRES: 12/31/2001

MORGAN, DENNIS

C/O CASCADGE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.

CATEGORIES OF LICENSE

144649-69

MARINE FOULING

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

FIRM NO

117675 090481

BUSINESS

LOCATION 5555 N CHANNEL

PORTLAND, OR 97208

LICENSE TYPE

LICENSE NUMBER ISSUED

EXPRESS

CATEGORIES OF LICENSE MARTNE FOULTNG

01401

02/06/2001 12/31/2001

40.00

Commercial Pesticide Operator License

OREGON DEPARTMENT OF AGRICULTURE LICENSE Commercial Pesticide Operator LICENSE NO: 01401 EXPIRES: 12/31/2001

> CASCADE GENERAL INC PO BOX 4367 PORTLAND, OR 97208

CATEGORIES OF LICENSE MARINE FOULING

01401-67

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE PURCHASES AND USE.